



A 180 Medical Company

Fax: (888) 718-0633 or

Email to:

Raymond Bartolo - BDM

Standard Written Order - Medical Compression

1 PATIENT INFORMATION

Patient Name: _____ Order Date: ____/____/____

Patient Phone: (____) ____ - _____ Date of Birth: ____/____/____

2 DIAGNOSIS

- | | | |
|---|--|--|
| ☐ I87.2 Venous insufficiency | ☐ I87.323 Venous hypertension | ☐ I83.811 Varicose veins of RLE with pain |
| ☐ I89.0 Lymphedema | ☐ I73.9 Peripheral vascular disease | ☐ I83.812 Varicose veins of LLE with pain |
| ☐ Q82.0 Hereditary lymphedema | ☐ R60.0 Localized edema | ☐ I83.813 Varicose veins of BLE with pain |
| ☐ I97.2 Post-mastectomy syndrome | ☐ Z86.718 History of other DVT/embolism | ☐ _____ |
| ☐ I97.9 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified | | |

3 COMPRESSION LEVEL

☐ 20-30 mmHg ☐ 30-40 mmHg ☐ 40-50 mmHg ☐ _____ mmHg

4 PRODUCT

Lower Extremity Stockings

- ☐ Knee High
☐ Thigh High
☐ Thigh High (Chaps Style)
☐ Waist High/Pantyhose
☐ Maternity Pantyhose
☐ Open Toe ☐ Closed Toe

Quantity:

Number of Units: _____

Refills: _____

- ☐ 3-Month Supply
☐ Bilateral ☐ Right ☐ Left

Upper Extremity Garments

- ☐ Arm Sleeve with Silicone Band
☐ Arm Sleeve without Silicone Band
☐ Gauntlet
☐ Glove

Quantity:

Number of Units: _____

Refills: _____

- ☐ 3-Month Supply
☐ Bilateral ☐ Right ☐ Left

Inelastic Velcro Wraps

- ☐ Calf (ankle to below knee)
☐ Foot (foot to ankle)
☐ Toe Caps
☐ Knee (knee only)
☐ Thigh (above knee to thigh)
☐ Full Leg (ankle to thigh)
☐ Arm (wrist to axilla)

Quantity:

Number of Units: _____

Refills: _____

- ☐ 3-Month Supply
☐ Bilateral ☐ Right ☐ Left

Nighttime Garments

Medicare allows two night garments per limb every two years.

- ☐ Upper Extremity – Arm
☐ Upper Extremity – Hand
☐ Upper Extremity – Arm/Hand
☐ Lower Leg and Foot
☐ Full Leg and Foot

Quantity:

Number of Units: _____

- ☐ Bilateral ☐ Right ☐ Left

5 ADDITIONAL COMMENTS _____

6 Provider's Name: _____ NPI: _____

Provider's Phone Number: (____) ____ - _____

Provider's Signature: _____ Date: ____/____/____

Specializing in Ready-to-Wear Compression Garments

5493 Merrick Road, Massapequa, NY 11758 | Ph: (516) 216-1707 | Fax: (888) 718-0633

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