










# Physician's Rx



## Compression Levels:

Medical:  20-30 mmHg  30-40 mmHg  40-50 mmHg

## Style:

								
calf <input type="checkbox"/>	thigh <input type="checkbox"/>	thigh w/ waist att. <input type="checkbox"/> L <input type="checkbox"/> R	panty <input type="checkbox"/>	maternity panty <input type="checkbox"/>	men's leotard <input type="checkbox"/>	armsleeve <input type="checkbox"/> L <input type="checkbox"/> R	glove <input type="checkbox"/> L <input type="checkbox"/> R	gauntlet <input type="checkbox"/> L <input type="checkbox"/> R

Donning/Doffing Accessories:

## Compression Velcro Wrap:



<input type="checkbox"/> Leg	<input type="checkbox"/> Arm
EXTREMITY	COMPRESSION (mmHg)
<input type="checkbox"/> LEFT	<input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40+
<input type="checkbox"/> RIGHT	<input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40+

**DISPENSE AS WRITTEN - NO SUBSTITUTION**

Patient Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT SUBSTITUTE

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