



**If you are in agreement with the following product suggestions, please mark them on the attached Rx and retain a copy for you records.**

**Patient Name:** \_\_\_\_\_

- Assess for Edema Reduction
  - Sequential Compression Pump @ pressure 40 mmHg, 1 x daily, 60 minutes
  - Non-Sequential Compression Pump @ pressure 40 mmHg, 1 x daily, 45 minutes
  - Full Leg Appliance, Quantity \_\_\_\_\_
  - Full Arm Appliance, Quantity \_\_\_\_\_
  - Chest Shell
  - Custom Garments, Lower Extremity
  - Ready-to-wear Garments
  - Custom Arm Sleeve
  - Custom Glove
  - Nighttime Appliance / Non-Elastic Binder
  - Burn Garments
  - Bandaging Kit
  - Breast Prosthesis, Silicone L8030
  - Breast Prosthesis, Non-Silicone L8020
  - Custom Breast Prosthesis L8035
  - Surgical Camisole, Quantity \_\_\_\_\_
  - Surgical Bra, Quantity \_\_\_\_\_
  - Skin Supports
  - Post Surgical Kit
  - \_\_\_\_\_
- Length: \_\_\_\_ Knee \_\_\_\_ Thigh \_\_\_\_ Waist \_\_\_\_ Chap

Quantity: \_\_\_\_ Left \_\_\_\_ Right

@ \_\_\_\_\_ mmhg
- \_\_\_\_ Right \_\_\_\_ Left \_\_\_\_ Bilateral

**THIS IS NOT A PRESCRIPTION.**

**A PRESCRIPTION IS REQUIRED FOR THESE PRODUCTS**

**NOTE:** Additional documentation may be required to obtain authorization for some products.