



COMPRESSION MANAGEMENT SERVICES, INC./
 THE LYMPHEDEMA CENTERS
 Comprehensive Care Center *for Women*

 Patient Name

 Diagnosis (ICD-9 Code)

- 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, 60 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-Silicon L8020
- Custom Breast Prosthesis L8035
- Surgical Camisole, Quantity _____
- Surgical Bras, Quantity _____
- Post Surgical Kit
- _____

} Length: __Knee__Thigh__Waist__Chap
 Quantity: ____ Left ____ Right
 @_____mmhg

} Quantity:
 ____Right ____Left ____Bilateral

 Physician Printed Name

 NPI Number

 Physician Phone / Address

 Physician Signature

 Date