SSMHealth at Home

COMPRESSION STOCKINGS RX

FAX COVER

To: _____ From: _____ Date: _____

Fax: _____ Phone: _____ Pages: _____

Remarks: ☐ Urgent ☐ For Your Review ☐ Please Comment ☐ Please Reply

Message: Please complete all the information below for your order of compression stockings. The RX (completely filled out) will serve as a detailed order.

Standard Written Order for Compression Stockings

Patient Name: _____ DOB: _____

Patient Address: _____ Date: _____

Diagnosis _____

Compression Stockings ☐ Non-Custom ☐ Custom _____ mmHg ☐ Elvarex _____ mmHg

☐ 15-20* mmHg	Minor varicosities; minor varicosities during pregnancy; tired, aching legs; minor ankle, leg and foot swelling; post sclerotherapy; helps prevent DVT
☐ 20-30* mmHg	Moderate to severe varicosities; post surgical; moderate edema; post sclerotherapy; helps prevent recurrence of venous ulcers; moderate to severe varicosities during pregnancy; superficial thrombophlebitis; helps prevent DVT
☐ 30-40* mmHg	Severe varicosities; severe edema; lymphatic edema; management of active ulcers and manifestations of PTS; chronic venous insufficiency; helps prevent PTS and recurrence of venous ulcers; orthostatic hypotension; post surgical and post sclerotherapy; helps prevent DVT
☐ 40+* mmHg	Severe varicosities; severe edema; lymphatic edema; management of active ulcers and manifestation of PTS; chronic venous insufficiency; orthostatic hypotension; postphlebitic syndrome

**The mean compression for an average ankle size.*

Measurements Right Ankle _____ cm Left Ankle _____ cm Right Calf _____ cm Left Calf _____ cm

Right Thigh _____ cm Left Thigh _____ cm Waist (panty hose only) _____ cm

Right Heel to Back of Right Knee _____ cm Left Heel to Back of Left Knee _____ cm

Right Heel to Right Gluteal Fold _____ cm Left Heel to Left Gluteal Fold _____ cm Heel to Waist _____ cm

Style ☐ Knee ☐ Thigh ☐ Waist/Panty Hose ☐ Chaps ☐ Maternity ☐ Arm ☐ Glove ☐ Gauntlet ☐ Wraps

# of Pairs: _____ ☐ Open Toe ☐ Left ☐ Right # of Refills 11 Length of Need: 12

Provider Name (please print): _____ NPI#: _____

Provider Signature: _____ Date: _____

Provider Address: _____

Baraboo · Janesville · Madison · Reedsburg
phone: 800-924-2273 · fax: 866-553-0824

Fond du Lac
phone: 800-732-1313 · fax: 920-923-2096

ssmhealth.com/HomeHealthReferrals