

#1 physician recommended



# Rx Physician's Prescription

Date: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_ (Required for insurance reimbursement)

### Compression

Ready-To-Wear  Custom \_\_\_\_\_ mmHg

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 15-20* mmHg   | <input type="checkbox"/> 20-30* mmHg   | <input type="checkbox"/> 30-40* mmHg   | <input type="checkbox"/> 40+ mmHg  |
| <ul style="list-style-type: none"> <li>• Minor varicosities</li> <li>• Minor varicosities during pregnancy</li> <li>• Tired, aching legs</li> <li>• Minor ankle, leg and foot swelling</li> <li>• Post sclerotherapy</li> <li>• Helps prevent DVT</li> </ul> | <ul style="list-style-type: none"> <li>• Moderate to severe varicosities</li> <li>• Post surgical</li> <li>• Moderate edema</li> <li>• Post sclerotherapy</li> <li>• Helps prevent recurrence of venous ulcers</li> <li>• Moderate to severe varicosities during pregnancy</li> <li>• Superficial thrombophlebitis</li> <li>• Helps prevent DVT</li> </ul> | <ul style="list-style-type: none"> <li>• Severe varicosities</li> <li>• Severe edema</li> <li>• Lymphatic edema</li> <li>• Management of active ulcers and manifestations of PTS</li> <li>• Chronic venous insufficiency</li> <li>• Helps prevent PTS and recurrence of venous ulcers</li> <li>• Orthostatic hypotension</li> <li>• Post surgical and post sclerotherapy</li> <li>• Helps prevent DVT</li> </ul> | <ul style="list-style-type: none"> <li>• Severe varicosities</li> <li>• Severe edema</li> <li>• Lymphatic edema</li> <li>• Management of active ulcers and manifestations of PTS</li> <li>• Chronic venous insufficiency</li> <li>• Orthostatic hypotension</li> <li>• Postphlebotic syndrome</li> </ul> |

\*The mean compression for an average ankle size.

### Style

# of Pairs \_\_\_\_\_  Open Toe  Left  Right



Knee

Thigh

Waist

Chaps

Maternity

Arm

Glove

Gauntlet

**Superior Medical**  
7582 Currell Blvd  
Woodbury, MN 55125  
Ph: 651-735-9192

Physician Signature: \_\_\_\_\_

DISPENSE AS WRITTEN

Address: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

License No: \_\_\_\_\_