

PRESCRIPTION

SIGVARIS
GROUP

*Required Sections

*Patient _____ *Date _____








*Diagnosis _____ *Activities worn for: _____

*Physician Name _____ *Phone _____

*Signature _____ *License Number _____

*Compression:	Products (please circle):
<input type="radio"/> 20-30 mmHg	NATURAL FIBERS • SHEER • OPAQUE
<input type="radio"/> 30-40 mmHg	NATURAL FIBERS • SHEER • OPAQUE • SPECIALIZED
<input type="radio"/> 40-50 mmHg	SPECIALIZED
<input type="radio"/> 50-60 mmHg	SPECIALIZED

No Substitution Number of Pairs _____ Number of Refills _____

*Style	<input type="checkbox"/> Closed Toe <input type="checkbox"/> Open Toe <input type="checkbox"/> Patient Choice				Inelastic Wraps	
					A 	B 
<input type="checkbox"/> Calf <input type="checkbox"/> Calf w/ Grip-top	<input type="checkbox"/> Thigh	<input type="checkbox"/> Pantyhose	<input type="checkbox"/> L <input type="checkbox"/> R Thigh w/ waist	<input type="checkbox"/> Maternity/ Plus Sizes	A <input type="checkbox"/> CompreFLEX LITE B <input type="checkbox"/> CompreFLEX (with CompreBoot) 20-50 mmHg	
<input type="checkbox"/> Armsleeve with Gauntlet		<input type="checkbox"/> Armsleeve without Gauntlet				
<input type="checkbox"/> Donning aid recommended (see below)						

Donning Devices:

Please see reverse side for indications

- | | | | |
|---|---|---|--|
| <input type="radio"/> Rubber Gloves | <input type="radio"/> S.O.S. (Slip On SIGVARIS) | <input type="radio"/> Sim-Slide® | <input type="radio"/> Magnide® |
| <input type="radio"/> Latex-free Gloves | <input type="radio"/> SIMON | <input type="radio"/> UlceRx Underliner | <input type="radio"/> SIGVARIS Doff'n Donner |
| <input type="radio"/> Textile Gloves | | <input type="radio"/> SIGVARIS Doff'n Donner Cone | |

GRADUATED COMPRESSION CHART

Symptoms/Indications	Compression strength at the ankle (mmHg)
CEAP 0/A: <ul style="list-style-type: none"> • Extended standing or sitting (travel) • Prophylaxis (pregnancy, risk factors) 	15-20 mmHg
CEAP 1/S: <ul style="list-style-type: none"> • Heavy, fatigued, tired legs 	
CEAP 1/S: <ul style="list-style-type: none"> • Painful, fatigued and aching legs • Spider veins/mild edema (due to pregnancy, age, travelling, etc.) • Post sclerotherapy of small veins 	20-30 mmHg
CEAP 2/S: <ul style="list-style-type: none"> • Mild to moderate varicose veins • Elective surgery (sclerotherapy, phlebectomy, vein stripping, orthopaedics) • Orthostatis/Postural hypotension 	
CEAP 3/S: <ul style="list-style-type: none"> • Moderate/severe edema (pregnancy, risk factors) • Surgery (orthopaedics, post fracture, traumatic edema, sclerotherapy, phlebectomy, vein stripping) 	
CEAP 4/S: <ul style="list-style-type: none"> • Skin changes without ulceration • Superficial Phlebitis (red, painful) • Deep Vein Thrombosis/ Post Thrombotic Syndrome 	30-40 mmHg
CEAP 5/S: <ul style="list-style-type: none"> • Skin changes with healed ulceration 	
CEAP 6/S: <ul style="list-style-type: none"> • Skin changes with active ulceration 	
CEAP 4/S: <ul style="list-style-type: none"> • Severe Deep Vein Thrombosis/Post Thrombotic Syndrome 	40-50 or 50-60 mmHg
CEAP 5/S: <ul style="list-style-type: none"> • Severe skin changes with healed ulceration (recurrent) 	
CEAP 6/S: <ul style="list-style-type: none"> • Severe skin changes with active ulceration 	

CONTRAINDICATIONS	CAUTION
<ul style="list-style-type: none"> • Arterial insufficiency, intermittent claudication, ischemia • Uncontrolled congestive heart failure • Acute dermatitis, weeping dermatosis, cutaneous sepsis 	<ul style="list-style-type: none"> • Signs of infection • Extensive venous ulceration • Skin sensitivities or allergies • Neuropathy • History of diabetes • Confinement to bed or non-ambulatory use unless otherwise prescribed by the physician

No liability accepted for non-observance of contra-indications and cautions.

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 Order online at: **www.sigvaris-online.com**