

PRESCRIPTION



**Required Sections*








*Patient Sane Doc *Date Sept 1, 2022
 *Diagnosis Varicose Veins *Activities worn for: Daily use
 *Physician Name Brian Smith *Phone 705.739-1111
 *Signature [Signature] *License Number 03459

***Compression: Products (please circle):**

<input checked="" 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** Closed Toe Open Toe Patient Choice Inelastic Wraps

						
<input checked="" type="checkbox"/> Calf	<input type="checkbox"/> Thigh	<input type="checkbox"/> Pantyhose	<input type="checkbox"/> L <input type="checkbox"/> R	<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"/> Calf w/ Grip-top	<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"/> Ulcefix Underliner	<input type="radio"/> SIGVARIS Doff'n Donner
<input type="radio"/> Textile Gloves			<input type="radio"/> SIGVARIS Doff'n Donner Cone