

200 Pharmacy & Home Medical Supplies 9133 S. Stony Island Ave.

Chicago, IL 60617

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<u>Fitting Notes:</u> Patient fittings are between the hours of 9 am – 10:30 am Monday through Saturday. Patient should sleep with legs elevated the night before to ensure proper fit.

Patient:	ient:				D.O.B.:			
Address								
Address:								
Phone #:								
Diagnosis:								
Diagnosis:								
Number of Pairs:				Number of Refills:				
			Type of	Stocki	ng (Check O	ne)		
Compression:	Calf	Thigh	Pantyhose Ma		Maternity	Thigh w/waist		
15-20mmHg							□R	
20-30mmHg							□R	
30-40mmHg							□R	
Other: Cust	:om	om Strength: Type:						
Additional Iten		Claves	П рb	hor C	lovos [¬Don"	sing Dovice	
☐ Latex Free D	Onning	Gioves	□ Kub	ber G	ioves i	וווסטוו	ning Device	
Physician Name	e:							
Cignoturo								
Signature:								

Compression Level	Indications			
At the ankle				
15-20mmHg	Tired, achy legs			
	Occupational edema			
	Leg discomfort from long hours of standing or sitting			
	Prophylaxis of varicosities and swelling during pregnancy			
	Reduce swelling during travel			
	Prophylaxis of DVT during travel			
20-30mmHg	 Heavy, fatigued, tired aching legs 			
	Mild edema in lower extremities			
	Mild vericosities with minimal edema			
	Mild varicosities during pregnancy			
	Minimal edema upper extremities			
	Post-procedure of small veins			
	Prevention or management of DVT			
30-40mmHg	Moderate varicosities with mild to moderate edema			
	(also during pregnancy)			
	Post-procedure of larger veins to maintain			
	treatment			
	Prevention, management or treatment of DVT or			
	Post-Thrombotic Syndrome			
	Superficial phlebitis			
	Mild lymphedema after decongestant therapy to			
	maintain reduction			
	Orthostatic/ postural hypotension			
	Post-fracture, post-traumatic edema			
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Contraindications	Arterial insufficiency, intermittent claudication, ischemia			
	Uncontrolled congestive heart failure			
	Acute dermatitis, weeping dermatosis, cutaneous sepsis			
Cautions	Signs of infections; Skin sensitivities or allergies;			
	Neuropathy, Diabetes; Confinement to bed or non-			
	ambulatory use otherwise prescribed by the physician			

MEASURE CIRCUMFRENCE: Ankle: Right _____ Left ____ Calf: Right ____ Left ____ Circle: Inch/ CM