















Patient Name \_\_\_\_\_ Date \_\_\_\_\_


Diagnosis \_\_\_\_\_

Extremity  Left  Right  Pair Qty \_\_\_\_\_ *This product is a medical necessity and requires a diagnosis for insurance reimbursement.*

<b>Compression:</b>	<input type="checkbox"/> 20-30 mmHg	<input type="checkbox"/> 30-40 mmHg	<input type="checkbox"/> 40-50 mmHg
<input type="checkbox"/> Support 15-20 mmHg	<b>Aching/Fatigued Legs</b> <b>Burn Scar Management</b> <b>DVT</b> <b>Edema, mild</b> <b>Hypertrophic Scar,</b> <b>Lymphedema, mild</b> <b>Lipedema</b> <b>Pregnancy</b> <b>Sclerotherapy, post</b> <b>Varicosity, moderate</b> <b>Venous Insufficiency, mild</b> <b>Venous Ulcers,</b>	<b>Burn Scar Management</b> <b>DVT / Post Thrombotic,</b> <b>Edema, moderate</b> <b>Lymphedema, moderate</b> <b>Lipedema</b> <b>Orthostatic Hypotension</b> <b>Phlebectomy, post</b> <b>Pregnancy, pronounced</b> <b>varicosities or edema</b> <b>Sclerotherapy, post</b> <b>Surgical, post</b> <b>Varicosity, severe</b> <b>Venous Insufficiency, moderate</b> <b>Venous Ulcers</b>	<b>Edema, severe</b> <b>Lymphedema, severe</b> <b>Lipedema</b> <b>Venous Insufficiency,</b> <b>severe</b> <b>Post Thrombotic</b> <b>Venous Ulcers (Active),</b>  <input type="checkbox"/> 50+ mmHg  <b>Elephantiasis</b> <b>Lymphedema, severe</b> <b>Post Thrombotic,</b> <b>severe</b>

<b>Style:</b>								
<input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Silver	<input type="checkbox"/> knee	<input type="checkbox"/> thigh	<input type="checkbox"/> thigh w/ hip attach	<input type="checkbox"/> pantyhose	<input type="checkbox"/> maternity pantyhose	<input type="checkbox"/> legging	<input type="checkbox"/> arm sleeve	<input type="checkbox"/> hand gauntlet

<b>Compression Wrap:</b>						
	<input type="checkbox"/> foot	<input type="checkbox"/> calf	<input type="checkbox"/> knee	<input type="checkbox"/> thigh	<input type="checkbox"/> arm	<input type="checkbox"/> hand

<b>Juzo Ulcer Pro:</b>	 <input type="checkbox"/> ulcer pro	Compression stocking and liner to help improve circulation and aid in wound care management.	<b>Donning Aids:</b>	<input type="checkbox"/> Slippie Gator Set <input type="checkbox"/> Arm Sleeve Slippie <input type="checkbox"/> Easy Slide <input type="checkbox"/> Easy Slide Arm <input type="checkbox"/> Magnide <input type="checkbox"/> Sim Slide
------------------------	---	--	----------------------	---

\_\_\_\_\_  
Physician's Signature - DISPENSE AS WRITTEN (no substitutions)

\_\_\_\_\_  
Physician's Phone Number

NPI / License # \_\_\_\_\_ Length of Need \_\_\_\_\_

For more information or to find a local dealer go to  
[www.juzousa.com](http://www.juzousa.com) or [www.juzo.ca](http://www.juzo.ca)

© Juzo and Slippies are registered trademarks of Julius Zorn, Inc.

