



Physician's Rx

Patient Name _____ Date _____

Diagnosis _____

Prognosis _____

Compression Levels

- Therapeutic: 15-20 mmHg
 Medical: 20-30 mmHg 30-40 mmHg 40-50 mmHg

Style

calf <input type="checkbox"/>	thigh <input type="checkbox"/>	thigh w/ waist att. <input type="checkbox"/> L <input type="checkbox"/> R	panty <input type="checkbox"/>	maternity panty <input type="checkbox"/>	men's leotard <input type="checkbox"/>	armsleeve <input type="checkbox"/> L <input type="checkbox"/> R	glove <input type="checkbox"/> L <input type="checkbox"/> R	gauntlet <input type="checkbox"/> L <input type="checkbox"/> R

Activity Level

- Daytime/Active and/or Nighttime/Sedentary

Product Selections

- | | |
|---|---|
| <input type="checkbox"/> mediven® Elastic | <input type="checkbox"/> circaid® Inelastic |
| <input type="checkbox"/> circular knit | <input type="checkbox"/> juxtalite |
| <input type="checkbox"/> flat knit | <input type="checkbox"/> juxtafit |
| <input type="checkbox"/> multi-layer | <input type="checkbox"/> graduate |

Donning/Doffing Accessories

leg butler donning aid <input type="checkbox"/>	arm butler donning aid <input type="checkbox"/>	butler off doffing aid <input type="checkbox"/>	2 in 1 donning/doffing aid <input type="checkbox"/>
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Physician Signature _____
 (Do Not Substitute)

Printed Name _____

Phone _____ Qty _____ Refills _____ Duration _____

P0402 RevE

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