Medical Compression Stocking Prescription

Client Name:

Date:

Prescriber name and contact details:

USL Reference Number:

Purchase Order Number:

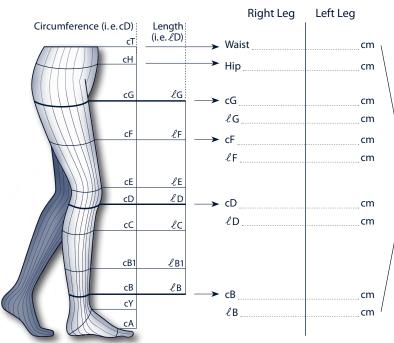
Please fax or email this form to:

USL Medical 494 Rosebank Road, Auckland 1026, New Zealand Attention: Linda Thomas Fax: 0800 830 660 Phone: 0800 658 814 Email: sigvaris@uslmedical.co.nz



Medical condition that requires compression stockings:

		Compression mmHg			Styles available		Colour		
Model	Products	18-21	23-32	34-46	> 49	Тое		Beige	
		Cl.1	Cl. 2	Cl. 3	Cl. 4	Open	Closed	Nature	Black
A-D Calf	Magic								
	Cotton								
	Traditional								
A-G Thigh	Magic								
	Cotton								
	Traditional								
A-G Thigh with waist attachment left	Cotton								
	Traditional								
A-G Thigh with waist attachment right	Cotton								
	Traditional								
A-T Pantyhose	Magic								
	Cotton								
	Traditional								
A-T Pantyhose Materna	Magic								
	Cotton							İ	
	Traditional								



Charge to client:					
Send direct to client:					

Client Phone Number.

Address:

Name of Fitter:

Size:

Length:

Yes No

Yes No

Code. _

For internal use only

* Take measurements first thing in the morning when possible