



Phone: 337-257-2180

Fax: 866-573-4490

Pneumatic Compression Pump Order Form

Please Check the conditions that apply to the patient:

- Primary Lymphedema (Q82.0)
- Other Causes of Secondary Lymphedema (I89.0)
 - Venous Insufficiency causing secondary lymphedema
 - Tumor(s) Obstructing Lymph Flow
 - Scarring of the lymph channels- cellulitis, lymphangitis
 - Cancer Surgery/Radiation
 - Other: _____
- Post-Mastectomy (I97.2)
- Venous Insufficiency (I87.2) with Venous Stasis Ulcer(s) (I83._____ location)

Patient Instructions:

Pneumatic Compression Pump @ Pressure _____ mmHg
 Frequency _____/Day for _____ Minutes
 Apply to lower extremity, Right Left Bilateral
 Apply to upper extremity, Right Left Bilateral

Juxta-Lite Compression Garment Right Left Bilateral

Patient's Name: _____ DOB: ____/____/____

Physician's Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Ordering Physician: _____ NPI #: _____

Physician's Signature: _____ Date: _____

**Please fax this form along with the facesheet, progress notes and/or H&P to
 Compression Med @ 1-866-573-4490**