Rehab Services, LLC
100 Cathedral Street, Suite 2
Annapolis, MD 21401

Phone/Fax: 800.486.5633
RSmedco.com

NPI: 1487696852

Thigh High Compression Stockings

Physician Order, Prescription and Certificate of Medical Necessity

Patient Name: _____ Date of Order:_____

Patient Date of Birth: _____

Patient Phone Number(s): _____

Primary Diagnosis Code or Description: _____

Color: ☐ Black ☐ Beige

Size	Ankle Circumference	Thigh Circumference
☐ Small	6.5’ - 7.25’	16’ - 19’
☐ Medium	7.5’ - 9’	19’ - 22.8’
☐ Large	9.25’ - 10.75’	22.6’ - 24.5’
☐ X-Large	11’ - 12.5’	24.3’ - 26’

Notes: _____

_____

By signing below, I deem this Medical Device listed above to be medically necessary and prescribe it to be provided at home for the patient listed.

Physicians Signature: _____ Date: _____

Physicians Printed Name: _____

Fax to 800.486.5633. Please include Patient Demographic Sheet.