















Patient Name _____ Date _____


Diagnosis _____

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

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

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

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

Juzo Ulcer Pro:  <input type="checkbox"/> ulcer pro	Compression stocking and liner to help improve circulation and aid in wound care management.	Donning Aids: <input type="checkbox"/> Slippie Gator Set <input type="checkbox"/> Arm Sleeve Slippie <input type="checkbox"/> Juzo Slippie Doffing Aid
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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 or www.juzo.ca

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