

Winnipeg, Manitoba R2H 3C3  
 Fax: 204 480 4373

Medical Compression Stockings | Socks | Leg Sleeves | Arm Sleeves

**R<sub>x</sub>**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Symptom: \_\_\_\_\_

Device Usage (if applicable): **YES - Activities of Daily Living**

Physician Signature: \_\_\_\_\_

Physician Name or Billing/ID# (Printed): \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

COMPRESSION Level for	STOCKINGS	ARM SLEEVES	BODY GARMENTS
20 - 30mmHg (class I)	40 - 50mmHg (class III)	Pantyhose	Number of Refills:
30 - 40mmHg (class II)			Number of Pairs:
STYLE Length	Knee High	Thigh Length + Belt	_____
<b>R<sub>x</sub></b>	Thigh High		Gauntlet   Glove

**ORTHOPEDIC BRACES**      Rigid      Right Side | Left Side      Medial | Lateral

**R<sub>x</sub>**      Knee | \_\_\_\_\_      Foot | Ankle

Back | Lumbar \_\_\_\_\_      Arm | Elbow | Wrist | Hand

