



108 Chelsea Grove Ct • Pasadena, MD 21122 Phone 410-255-0800 FAX 410-255-3522  
 Satellite Offices: Salisbury and Berlin  
 EMAIL - requests@fittingsbymichele.com

To allow us to dispense medical supplies and submit a claim for insurance coverage consideration,  
**Please complete all the items checked below & return by FAX 410-255-3522**

**Supply valid diagnosis & ICD-10 code(s)** pertaining to medical need of supplies

**Sign & Date the order** (signature stamps prohibited by CMS)

**Attach a recent progress note** supporting medical need &/or continued use for requested supplies

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

► **Diagnosis & ICD- 10 Code(s):** \_\_\_\_\_

**Lower Extremity Gradient Compression Garments**

Left  Right  Bilateral  20-30mmHg  30-40mmHg  40-50mmHg  Custom  Ready Made

Knee High (AD) \_\_\_\_\_  Thigh High (AG) \_\_\_\_\_  Waist High (AT) \_\_\_\_\_

Leggings: (BT or B1T) \_\_\_\_\_  Boxer/Shorts \_\_\_\_\_  Other: \_\_\_\_\_

Lower Extremity Customizable Gradient Compression Garments for Treatment Phase:  
 \_\_\_\_\_

Lower Extremity Gradient Compression Velcro Garments for Mainenance Phase:  
 \_\_\_\_\_

Nighttime Gradient Compression Garments \_\_\_\_\_

**QUANTITY & FREQUENCY:** \_\_\_\_\_

**Additional Notes** \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

► \_\_\_\_\_  
**Referring Provider's Signature**

► \_\_\_\_\_  
**Date**

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FORM 102 DWO CG

**Your patient has an appt with us on** \_\_\_\_\_

**Date Requested** \_\_\_\_\_