



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 _____