

2623 Centennial Blvd, STE 101
Tallahassee, FL 32308
Mon-Thurs 9am-3pm
Additional Hours By Appt



BE STRONG
THERAPY SERVICES

Phone: (850) 270-7374
Fax: (850) 273-5629
www.bestrongtherapy.com

1414 Piedmont Drive E, STE 100
Tallahassee, FL 32308
Mon-Fri 9am-3pm
Additional Hours By Appt

COMPRESSION GARMENT REFERRAL FORM

Patient NAME: _____ DOB: _____

Patient PHONE No.: _____

Diagnosis: _____ ICD 10: _____

COMPRESSION GARMENT FITTING ONLY

OT/PT LYMPHEDEMA THERAPY EVAL/TREAT

Reason for Referral:

Check all that apply

COMPRESSION CLASS

- 15-20 mmHg
- 20-30mmHg
- 30-40mmHg
- 40+mmHg
- Open Toe
- Closed Toe
- Velcro Compression
- Nighttime Compression

STYLE

Lower Extremity:

- Knee High
- Thigh High
- Waist High
- Waist High Maternity
- Velcro Wraps
- Ulcer Care
- Toe Cap

Upper Extremity:

- Glove
- Gauntlet
- Arm Sleeve
- Bra/Torso/Vest

Head and Neck:

- Neck/Face

MD Signature

Print MD Name

TIME & DATE:

NPI: