Fax this page to: (800) 497-8856

Choose your compression hose below.

MMS MILITARY MEDICAL SUPPLIES
Serving Those Who Serve America

Compression Hose RX

Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Cell: _____ Patient Email: _____

Sponsor's Social Security Number: _____


Knee High ☐


Thigh High ☐


Trouser Sock ☐


Maternity Pantyhose ☐


Athletic Recovery ☐

Other specify: _____

Men's ☐ Women's ☐ **SIZE:** Small ☐ Medium ☐ Large ☐ Extra Large ☐

COLOR: White ☐ Black ☐ Sheer ☐ **TOE:** Yes ☐ No ☐

15-20 mmHg ☐ 20-30 mHg ☐ 30-40 mmHg ☐ 50+ mmHg ☐

Comments: _____

Physician Name: _____ Physician Phone: _____

NPI: _____

Clinic: _____

DX Code: _____

Signature Required: _____ Date: _____

MD Stamp: _____

Questions? Call us at (800) 270-6990
info@militarymedical.us.com

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