

Fax this page to: (800) 497-8856

Choose your compression hose below.



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: _____

Signature Required: _____ Date: _____

MD Stamp: _____

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

1440 S. State College Blvd., Ste. 5H | Anaheim, CA 92806 | P (800) 270-6990 | F (800) 497-8856

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