

MEDICAL PHARMACY
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WILLIMANTIC, CT. 06226
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MEDICAL PHARMACY LTC
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PH: (860) 423-1661
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CHAD WOJNAR R.PH., PRESIDENT

JACK LOVELAND R. PH., VICE PRESIDENT

Physician's Order Form for Jobst Gradient Compression Stockings

Date Ordered: ____/____/____

Patient's Name: _____

DOB: ____/____/____

Patient's Address: _____

Insurance ID #: _____



☐ Ready-To-Wear ☐ Custom ____ mmHg ☐ Open Toe ☐ Left ☐ Right

Knee Thigh Waist Chaps Maternity Arm Glove Gauntlet

☐ 15-20* mmHG

☐ 20-30* mmHg

☐ 30-40* mmHg

☐ 40+ mmHg

- Minor varicosities
- Minor varicosities during pregnancy
- Tired, aching legs active
- Minor ankle, leg manifestations and foot swelling
- Post sclerotherapy insufficiency
- Helps prevent DVT

- Moderate to severe varicosities
- Post surgical
- Moderate edema
- Post sclerotherapy
- Helps prevent recurrence of venous ulcers
- Moderate to severe varicosities during pregnancy
- Superficial thrombophlebitis
- Helps prevent DVT

- Severe varicosities
- Severe edema
- Lymphatic edema
- Management of active ulcers and manifestations of PTS
- Chronic venous insufficiency
- Helps prevent PTS and recurrence of venous ulcers
- Orthostatic hypotension
- Post surgical and post sclerotherapy
- Helps prevent CVT

- Severe varicosities
- Severe edema
- Lymphatic edema
- Management of active ulcers and manifestations of PTS
- Chronic venous insufficiency
- Orthostatic hypotension
- Postphlebotic syndrome

Frequency of Use: _____

Number of Pairs: _____

Diagnosis/ICD-10 Code: _____

Length of Need: _____

Physician Name: _____

NPI # _____

Physician's Address: _____

I, the undersigned, certify the above prescribed equipment and/or supplies are medically necessary as part of my treatment for this patient. In my opinion, the equipment and/or supplies prescribed are both reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition. Neither the equipment and/or supplies are being prescribed as "convenience equipment".

Physician's Signature : _____ Date ____/____/____