



Physician's Prescription

No Substitution

Date: _____

Patient Name: _____ Phone: _____

Diagnosis: _____



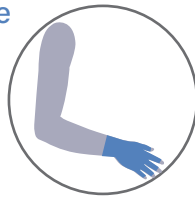
Front Closure Compression Bra

- Mild (Approx. 9-15 mmHg)
- Moderate (Approx. 12-20 mmHg)
- High (Approx. 20-23 mmHg)
- Open Shoulder (option)



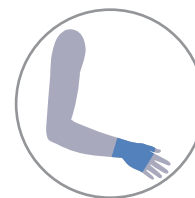
Compression Arm Sleeve

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg



Compression Glove

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg



Compression Gauntlet

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg



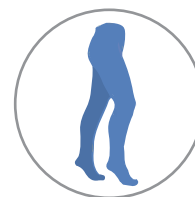
Knee High Socks

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg



Thigh High

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg



Panty Hose

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg

Special Instructions / Comments:

Physician Signature: _____

Physician Name: _____ Phone: _____

License #: _____ Quantity: _____ Refills: _____



BodyMed
boutique



Mastectomy Services & Compression Garments

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