

# Medical Compression Stocking Prescription

SIGVARIS

Client Name: \_\_\_\_\_

USL Reference Number: \_\_\_\_\_

Date: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Prescriber name and contact details:

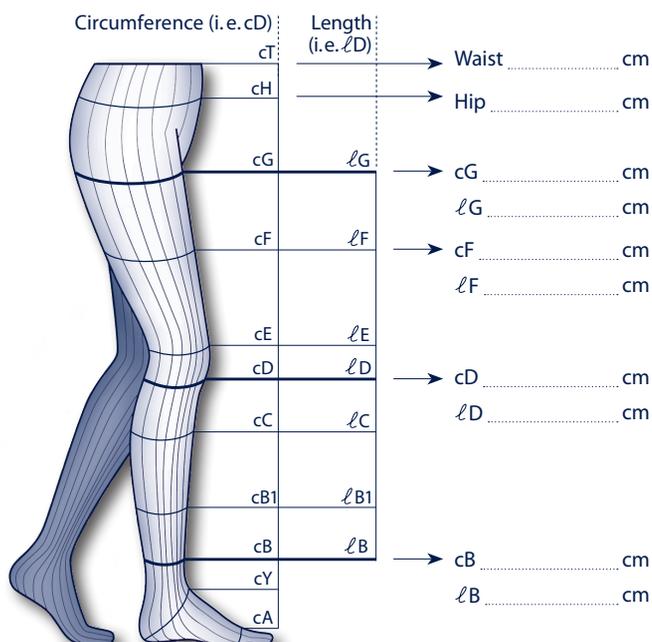
Please fax or email this form to:

USL Medical  
 494 Rosebank Road, Auckland 1026, New Zealand  
 Attention: Linda Thomas  
 Fax: 0800 830 660  
 Phone: 0800 658 814  
 Email: sigvaris@uslmedical.co.nz



Medical condition that requires compression stockings: \_\_\_\_\_

Model	Products	Compression mmHg				Styles available		Colour	
		18-21	23-32	34-46	>49	Toe		Beige	
		Cl.1	Cl.2	Cl.3	Cl.4	Open	Closed	Nature	Black
A-D Calf 	Magic								
	Cotton								
	Traditional								
A-G Thigh 	Magic								
	Cotton								
	Traditional								
A-G Thigh with waist attachment left 	Cotton								
	Traditional								
A-G Thigh with waist attachment right 	Cotton								
	Traditional								
A-T Pantyhose 	Magic								
	Cotton								
	Traditional								
A-T Pantyhose Materna 	Magic								
	Cotton								
	Traditional								



Charge to client: Yes  No

Send direct to client: Yes  No

Client Phone Number. \_\_\_\_\_

Address:

Name of Fitter: \_\_\_\_\_

Size: \_\_\_\_\_ Length: \_\_\_\_\_

Code. \_\_\_\_\_

For internal use only

\*Take measurements first thing in the morning when possible