



Physical Therapy,
 Massage Therapy,
 & Medical Supply

Date: ___/___/___ Patient Name: _____

Diagnosis: _____

Duration of Treatment: _____ (Required for insurance reimbursement)

Compression **Ready-To-Wear** **Custom** _____ **mmHg**

15-20* mmHg

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

20-30* mmHg

- 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

30-40* mmHg

- 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 DVT

40+ mmHg

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

*The mean compression for an average ankle size.

Style # of Pairs _____ Open Toe Left Right



NTS Medical Supply Inc
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 Brookfield IL 60513
 T: (708) 562-0999
 F: (708) 562-1934

Physician Signature: _____

 Please Print Physician Name

Address: _____
Street Address

City _____ State _____ Zip _____

License No: _____