

COMPRESSION STOCKING FITTING FORM



PLEASE FAX ALONG WITH DEMOGRAPHIC SHEET INCLUDING PHONE NUMBER, ADDRESS, INSURANCE INFORMATION AND HT./WT

FAX TO: 814-454-2706

JOBST 2 PIECE ULCER CARE 40mmHg

R____ L____ CIRCUMFERENCE OF ANKLE____Inches CIRCUMFERENCE OF CALF____Inches

TED HOSE 18mmHg

R____ L____

KNEE HIGH-CIRCUMFERENCE OF ANKLE____Inches CIRCUMFERENCE OF CALF____Inches

THIGH HIGH-ANKLE____ CALF____ MID-THIGH____

JOBST COMPRESSION STOCKINGS

MILD-8-15mmHg____ MOD-15-20mmHg____ FIRM-20-30mmHg____ XTRA FIRM-30-40mmHg____

SHEER____ OPAQUE____ RELIEF____

KNEE-HIGH CIRCUMFERENCE OF ANKLE____Inches CIRCUMFERENCE OF CALF____Inches

THIGH-HIGH ANKLE____Inches CALF____Inches MID-THIGH____Inches

FARROW BASIC____ ANKLE FOOT WRAP____

OPEN WOUND? MEASUREMENT____ CM. DRAINAGE____ TREATMENT____

ALL DIAGNOSIS _____

***DOES THE PATIENT REQUIRE CUSTOM FITTING?** _____

MD NAME____ NPI#____ MD#____

SIGNATURE____ DATE____ REFILLS____

Our Locations



Accredited Since 1995

Corporate Headquarters Showroom/Repair Center

301 Corbet Street
Tarentum, PA 15084
800-472-2440
724-224-9124 (fax)

Erie Showroom/Repair Center

308 East Sixth Street
Erie, PA 16507
800-328-9325
814-454-2706 (fax)

Harrisburg Regional Office

6345 Flank Drive, Ste 1800
Harrisburg, PA 17112
717-996-3390
717-695-4282 (fax)

Rochester, NY Regional Office

400 Air Park Drive, STE 100
Rochester, NY 14624
877-472-0192
716-688-9193 (fax)

Serving Regions of Pennsylvania, Ohio, New York and West Virginia

WWW.**blackburnsmed**.com