Silhouette shoppe
by Prosthetic Laboratories

Lymphedema - Certificate of Medical Necessity
Please complete all areas

Patient Name ______ D.O.B. ______ RT ______ LT ______

Address ______

Registration/Clinic # ______

Prescribed Item ______

Diagnosis — ICD-9 ______ Initial Start Date ______

Reason for Need ______ Duration ______

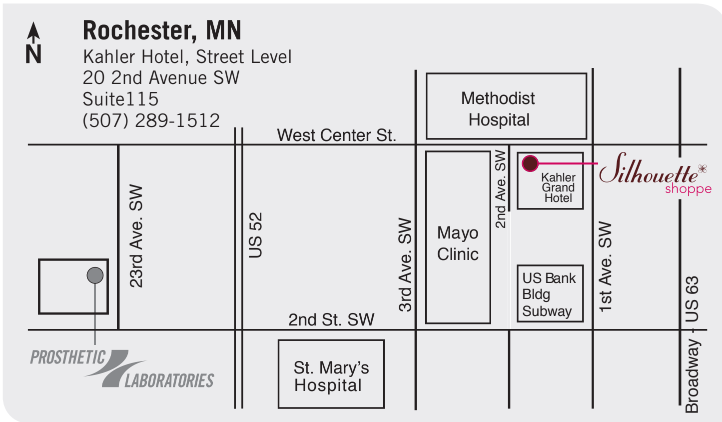
Physician Signature ______ Printed ______

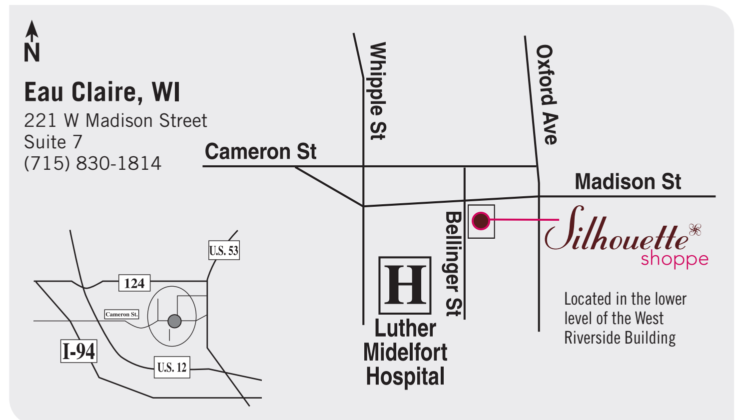
Date ______ Telephone # ______

NPI # ______

Comments: ______

Prescribing Physician - Please complete reverse side





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Lymphedema - Certificate of Medical Necessity

Please complete all areas

Patient Name D.O.B. RT LT

Physician Name Duration Needed

Pressure Garment

☐ Right ☐ Left ☐ Bilateral ☐ Custom ☐ Ready to Wear

Lower Extremity

☐ Calf ☐ Thigh
☐ Leotard ☐ Panty
☐ Maternity ☐ Thigh/Waist Att.
☐ Open Toe ☐ Closed Toe
☐ Other

Upper Extremity

☐ Arm Sleeve ☐ Shoulder Flap
☐ Arm Sleeve/Silicone ☐ Gauntlet
☐ Arm Sleeve & Glove ☐ Glove
☐ Arm Sleeve/Shoulder Flap ☐ Other____________________

Compression

☐ 20-30 mmHg ☐ 30-40 mmHg ☐ 40-50 mmHg ☐ Other

Garment Brand

☐ Juzo ☐ Jobst ☐ Sigvaris ☐ Medi ☐ No Preference

Compression Device

☐ Reid Sleeve ☐ Other____________________________

Remarks:

Prescribing Physician - Please complete reverse side

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