

Rx Standard Written Order (SWO) All fields are required for insurance approval.



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Patient Name: _____ **Date of Birth:** _____
(Last) (First) (M)

Patient Cell # _____ **Patient Home #** _____

Patient Address: _____

Lower Extremity Left Right Bilateral
Check all that are applicable

- Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified Qty: _____
- Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each Qty: _____
- Gradient compression garment, full leg and foot, padded, for nighttime use, each Qty: _____
- Gradient compression garment, genital region, custom, each Qty: _____
- Gradient compression garment, genital region, each Qty: _____
- Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each Qty: _____
- Gradient compression garment, lower leg and foot, padded, for nighttime use, each Qty: _____
- Gradient compression garment, not otherwise specified Qty: _____
- Gradient compression garment, toe caps, custom, each Qty: _____
- Gradient compression garment, toe caps, each Qty: _____
- Gradient compression stocking, below knee, custom 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, below knee, each 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, full length/chap style, custom 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, full length/chap style, each 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, thigh length, custom 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, thigh length, each 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, waist length, custom 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression stocking, waist length, each 18-30 mmhg _____, 30-40 mmhg _____ 40 mmhg or greater _____ Qty: _____
- Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each Qty: _____
- Gradient compression wrap with adjustable straps, not otherwise specified Qty: _____
- Gradient pressure wrap with adjustable straps, above knee, each Qty: _____
- Gradient pressure wrap with adjustable straps, foot, each Qty: _____
- Gradient pressure wrap with adjustable straps, full leg, each Qty: _____
- Other _____ Qty: _____

Diagnosis: I89.0 Q82.0 I97.2 I97.89

Refills (per 12 months): _____

MD Name (Printed): _____ **NPI#:** _____

Address: _____

Phone: _____ **Fax:** _____

Physician Signature Required: _____ **Date:** _____

Notes: _____