

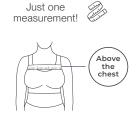
Compression Garment Referral Form

PROVIDER	Date	MONTH		DAY		YEAR	
	Name						
	Location	IF APPLICABLE					
PATIENT	Last Name						
	First Name						
	Date of Birth	IF APPLICABLE					
	Prescription#	PATIENT - ATTACH PRESCRIPTION FOR INSURANCE ELIGIBILITY					
	Diagnosis	197.2 POSTMASTECOMY LYMPHEMA SYNDROME Q82.0 HEREDITARY LYMPHEDEMA 189.0 LYMPHEDEMA NOT ELSEWHERE CLASSIFIED 197.89 OTHER POSTPROCEDURAL COMPLICATIONS & DISORDERS OF THE CIRCULATORY SYSTEM, NOT ELSEWHERE CLASSIFIED					
Hugger REFERRAL	HuggerPRIMA	DAY NIGHT BOTH	QUANTITY: 1 2 3	PrimaEXTENDER	SIZE		
	HuggerVIDA	DAY NIGHT BOTH	QUANTITY: 1 2 3	VidaEXTENDER	SIZE		
	HuggerLUMA	DAY NIGHT BOTH	QUANTITY: 1 2 3		SIZE		
	HuggerARIA	DAY NIGHT BOTH	QUANTITY: 1 2 3		SIZE		
	Reason for Garment	NEW REQUEST CHANGE IN MEDICAL OR PHYSICAL CONDITION WORN OUT DUE TO NORMAL WEAR AND TEAR DUE TO LOSS, THEFT OR IRREPARABLE DAMAGE ACCESSORIES NEEDED - REASON IN NOTES SECTION REQUIRED					
	Notes						

Send with Patient or to applicable facility for garment purchase and insurance coordination.

HUGGER FIT CHART

BAND (IN)	BAND (CM) HUGGER	
26-28	66-71	xs
30-32	76-81	S
34-36	86-91	М
38-40	96-102	L
42-44	107-112	XL
46-48	117-122	2XL
50-52	127-132	3XL ARIA +





FIT TIPS

In between sizes?

HuggerPRIMA: Upsize one size. All other Huggers: Downsize one size

DD cup or higher?

HuggerPRIMA & LUMA: Upsize one size

Need Flexibility?

+ Add an extender to flex you fit and Upsize the HuggerPRIMA & VIDA to 3XL





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