



Absolute Medical. 1843 W Hubbard St #2A
 Chicago, IL 60622
 Tel: 312 233 2207 Fax: 866 860 9358
 To Order Online: orders@absolutemedical.com
 Our website: absolutemedical.com

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Date: _____

FarrowWrap® Prescription Form

Prescribing Information



	Left	Right
Thigh	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>
Toes	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Mild to Moderate Edema
<input type="checkbox"/>	Moderate to Severe Edema*

*Be cautious when prescribing "Moderate to Severe Edema" for patients with PAD.

If mixed severity, please specify in special instructions below.

	Left	Right
Arm	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>
Fingers	<input type="checkbox"/>	<input type="checkbox"/>



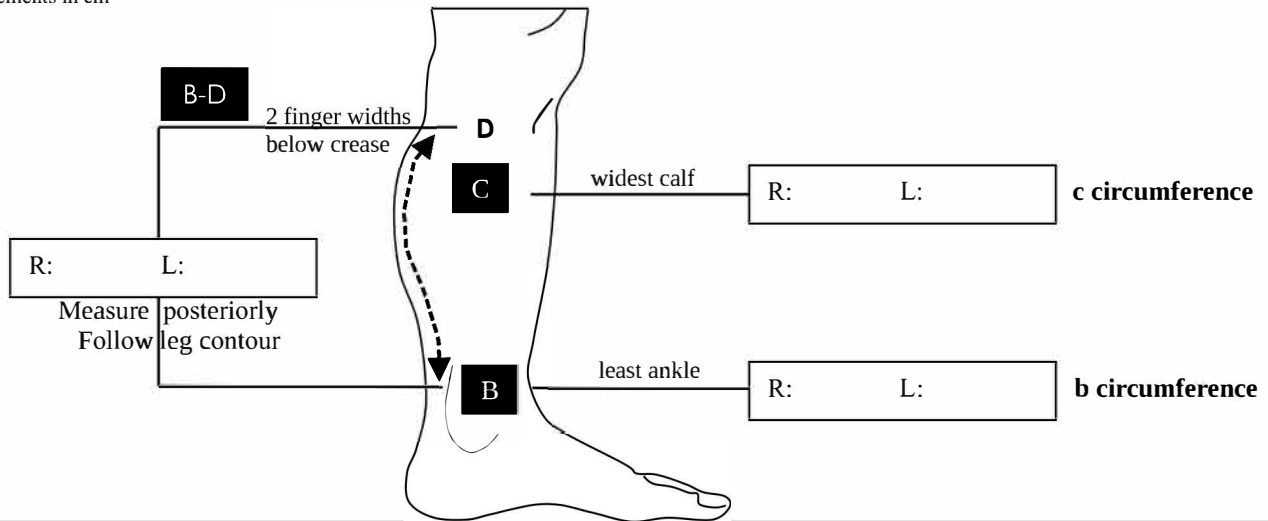
Special Instructions: _____

Related Diagnoses: _____

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Date: _____

FarrowWrap® 4000 Knee High Order Form

Note: All measurements in cm



Please place a numeric value in the white box to indicate items needed.	FarrowWrap® 4000 Legpiece Size Chart							
	XSmall	Qty	Small	Qty	Medium	Qty	Large	Qty
(C) Widest Calf	25 – 38 cm		32 – 48 cm		37 – 56 cm		43 – 67 cm	
(B) Ankle	17 – 23 cm		19 – 28 cm		25 – 37 cm		29 – 43 cm	
(B-D) Regular	30 – 33 cm		30 – 33 cm		30 – 33 cm		30 – 33 cm	
(B-D) Tall	34 – 37 cm		34 – 37 cm		34 – 37 cm		34 – 37 cm	

Color Options	
Tan	<input type="checkbox"/>
Black	<input type="checkbox"/>

Default color option is Tan. A matching FarrowHybrid® will be included with the FarrowWrap®4000

FarrowWrap® 4000 Legpiece

Obtain the following 3 measurements:

- Widest calf circumference (at **C**).
- Least ankle circumference (at **B**) just above malleoli.
- Length of leg following posterior contour from the least ankle to 2 finger widths below knee crease, **B-D**.

Note

Each FarrowWrap® 4000 legpiece comes with one (1) color matching FarrowHybrid® Foot Compression Liner. **FarrowHybrid® AD Foot Compression** is part compression stocking (over the foot and ankle) and part sock (ankle to knee) and may be used in place of our footpieces with our legpiece. Please be sure to indicate the color of the FarrowWrap® 4000 desired. If no color is selected, the default color will be tan.