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Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

## FarrowWrap® Prescription Form



	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"/>



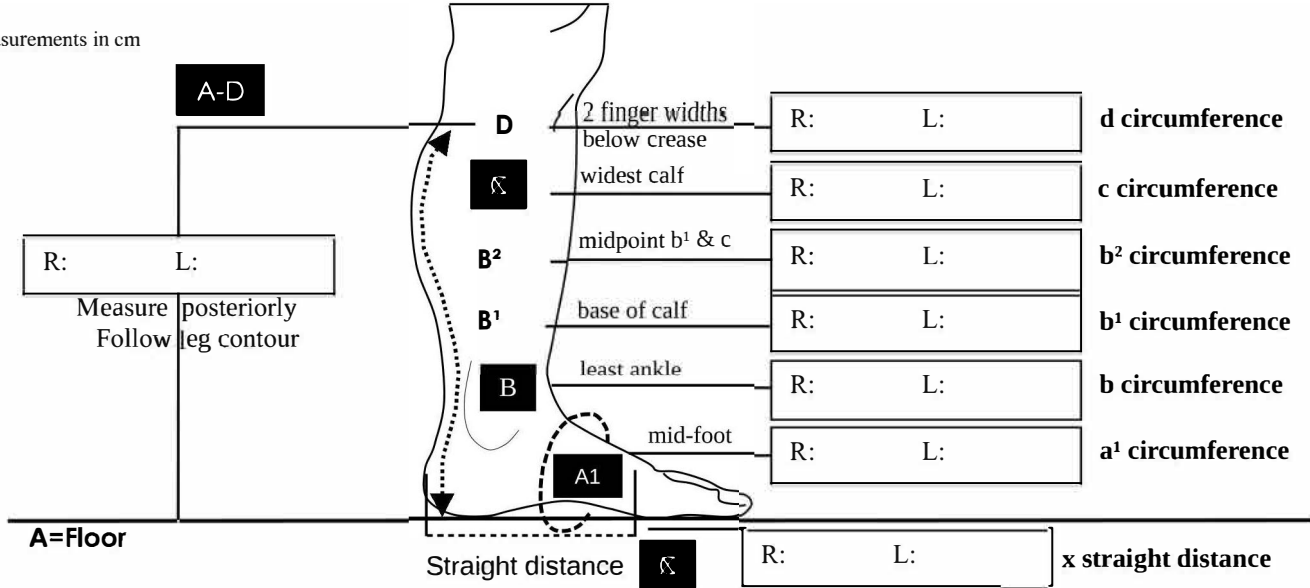
Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Related Diagnoses: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

## FarrowWrap® Knee High OTS and Custom Order Form

Note: All measurements in cm



Please note that “\_” in the SKU below (i.e. FW\_-O-LR) stands for either “CL” for Classic, “LT” for LITE, “ST” for STRONG or “BA” for BASIC. The SKU’s may then be cross-referenced with our price sheet to obtain the garment price.

Off-The-Shelf Legpiece Size Chart											
Please place a numeric value in the white box to indicate items needed.		XSmall	Qty	Small	Qty	Medium	Qty	Large	Qty	XLarge	Qty
(C) Widest Calf		36 – 43 cm		42 – 50 cm		48 – 58 cm		53 – 63 cm		58 – 68 cm	
(B) Ankle		21 – 25 cm		25 – 30 cm		30 – 36 cm		36 – 42 cm		42 – 50 cm	
(A-D) Reg	FW_-O-LR	33 – 37 cm		35 – 39 cm		37 – 41 cm		39 – 43 cm		39 – 43 cm	
(A-D) Tall	FW_-O-LT	38 – 41 cm		40 – 43 cm		42 – 45 cm		44 – 47 cm		44 – 47 cm	

Off-The-Shelf Footpiece Size Chart											
Please place a numeric value in the white box to indicate items needed.		XSmall	Qty	Small	Qty	Medium	Qty	Large	Qty	XLarge	Qty
(A <sup>1</sup> ) Mid-Foot		22 – 24 cm		25 – 27 cm		28 – 30 cm		31 – 34 cm		35 – 40 cm	
(X) Reg	FW_-O-FR	16 – 17 cm		17 – 18 cm		19 – 20 cm		20 – 21 cm		22 – 23 cm	
(X) Long	FW_-O-FL	18 – 19 cm		19 – 20 cm		21 – 22 cm		22 – 23 cm		24 – 25 cm	

Options	
<b>FABRIC</b>	✓
Classic	
LITE	
STRONG	
BASIC*	
Liners	
Small Silver Liner < 60 cm	
Large Silver Liner < 70 cm	
Terry Cloth Liner 30 – 120 cm	

Custom Components	Legpiece	FW_-C-L		Footpiece	FW_-C-F	
Quantity	Right:		Left:	Right:		Left:

**\*BASIC is available as Off-The-Shelf only.**

When a footpiece & legpiece are purchased together, 1 pair of liners are included free. Additional liners will cost extra. See liner form & pricing for details. **BASIC foot and leg piece combinations will only be issued one (1) liner, not a pair.**

Other: \_\_\_\_\_

# Directions for Knee High Garments

Please note that OTS sizes can accommodate at least a 15 to 20% reduction in edema, but only a 5% increase.

Fill in the Patient / Billing & Shipping Information areas **completely**. Next, choose the FarrowWrap® version; Classic, LITE, STRONG or BASIC. Classic, STRONG and BASIC are generally reserved for more severe edema cases. LITE is more appropriate for mild to moderate edema. On the measurement page, part of the SKU number (i.e. FW\_-O-LR) is represented by a “\_” which represents either a “CL” for Classic, “LT” for LITE, “ST” for STRONG or “BA” for BASIC. (**NOTE: BASIC is not available as a Custom**) The appropriate SKU number can be cross-referenced with the Pricing Schedule to calculate the price.

Only circumferences at points **A**, **B**, & **C** and length measurements **X** & **A-D** are necessary to determine if the patient can fit into an OTS (Off-The-Shelf (ready-made) garment. If the patient will not fit into an OTS garment, then the additional measurements for that particular component are required. Length measurements are measured along the posterior contour of the leg following contours around any lobes. If any lobes are present, drawings and/or pictures (with the patient's permission) will help. Measure only portions of the limb to be fitted with a garment. Follow these instructions on how to properly measure. ONLY record ACTUAL measurements.

## FarrowWrap® Legpiece

1. Obtain the following 3 measurements:
  - a. Widest calf circumference at **C**.
  - b. Least ankle circumference **B**, just above malleoli.
  - c. Length of leg following posterior contour from 2 finger widths below posterior knee crease to the ground, **A-D**.
2. Match the OTS widest calf and ankle circumferences to a respective size. If the mid-calf AND ankle circumferences do not both match a single size, or if the patient has a large lobule, then a custom legpiece is highly recommended and we will need all associated measurements. (\*BASIC is not available as a custom)
3. If the circumferences do match an OTS size, next compare the **A-D** length to the OTS **Regular** and **Tall** measurement ranges. If the **A-D** falls within one of these ranges, then in the space next to the appropriate OTS length enter the number of legpieces needed in that given size. If the measured length is not within the length range of a Regular or Tall, a custom legpiece is highly recommended and all associated measurements would be required. Enter the number of custom legpieces needed at the bottom of the measurement form in the **Custom Components** section.

## Note

The leg measurements used by this form allow for at least a 20% additional reduction in leg and ankle circumference (edema reduction), but can only accommodate about a 5% increase. There is room for greater variance in calf circumferences than for ankle circumferences. Patients may fit into an OTS garment even though this form may indicate otherwise, but we cannot guarantee it.

## FarrowWrap® Footpiece

1. Measure the affected foot's mid-foot circumference, **A'**, and length, **X**. The length is measured from the proximal (posterior) border of either the 1st or 5th metatarsal head (bunion), whichever is shorter, to the posterior most aspect of the heel. This measurement should be made across the floor - not along the side of the patient's foot.
2. Next, match the **A'** circumference to an OTS footpiece size. If a match cannot be made, a custom footpiece will be required.
3. Next, compare the **X** length to the OTS **Regular** and **Long** length measurement ranges. If the **X** length falls within one of these OTS lengths, then in the space next to the appropriate OTS length enter the number of footpieces you would like in that size. If the measured length is not within the length range of a Regular or Long, a custom footpiece is highly recommended. Enter the number of custom footpieces needed at the bottom of the measurement form in the **Custom Components** section.

Note: The **X** measurement defaults to extend to the metatarsal heads for safety reasons. If the footpiece needs to extend further out, then simply measure the straight distance to the desired point. The footpiece is not meant to be a "closed toe" item. **Only do this on patients with adequate circulation and no peripheral neuropathy; do not use on symptomatic diabetics.**

\*As a replacement option in mild to moderate edema, a FarrowHybrid® AD Foot Compression may be used in place of a footpiece.

## Liner Options

Unless specified, a pair of **Small Farrow Silver Liners (FLSF-AD2)** will be sent **Free** with each Extra Small and Small footpiece / legpiece combination and a pair of **Large Farrow Silver Liners (FLSL-AD4)** will be sent with each Medium, Large and Extra Large footpiece / legpiece combination. **FarrowWrap® BASIC** garments will follow the same format but will only be issued one (1) liner, not a pair. The FLSF-AD2 can accommodate leg circumferences up to 60 cm and the FLSL-AD4 can accommodate leg circumferences up to 70 cm. If the leg circumference is greater than 70 cm, a pair of **Terry Cloth AD Liners** will be issued instead. Terry Cloth Liners come in 3 sizes; S < 40 cm, M 40-70 cm, & L 70-125 cm. They may be **substituted** for silver liners in the case of silver incompatibilities without charge. Indicate on the order form with a check mark which liner is required. To order additional liners use the liner order form or indicate the amount needed on the "**Notes**" line at the bottom of the page. Additional liners will be billed. Please note if **ordering a FarrowFoam™ Liner for use under an OTS garment, that you must also add 10 cm to leg circumferences and 5 cm to foot circumferences when determining the correct sized FarrowWrap® leg or foot piece.**

## Other Options

Some patients have very triangular shaped legs and even the Classic garment may have difficulty staying up. Additional velcro-like spines, called **Hook Stays**, can be easily attached to the garment to help hold it in place. The stays are available in small (16 cm length), medium (21 cm length), and large (27 cm length). For custom garments, additional velcro tabs may be ordered to help prevent gapping between bands on unusually shaped limbs.