



1843 W. Hubbard St., Suite 2A, Chicago, IL 60622
 Phone: 312-233-2207 | Fax: 866-860-9358
 To Order Online: orders@absolutemedical.com
 Our Website: www.absolutemedical.com

ORDER FORM

DATE: _____

** PLEASE INCLUDE PATIENT INTAKE/FACE SHEET,
 INSURANCE INFORMATION (CARDS)
 AND PATIENT CHART NOTES*

REFERRAL INFORMATION

Clinic Name: _____
 Contact Name: _____
 Phone: _____
 Fax: _____
 Email: _____

PATIENT INFORMATION

PATIENT NAME: _____
 DOB: _____ GENDER: _____
 PATIENT PHONE: _____
 PATIENT EMAIL: _____
 PRIMARY DIAGNOSIS: _____
 ALLERGIES (LATEX): _____

PRESCRIBING PHYSICIAN

NAME: _____
 PHONE: _____
 FAX: _____

MEASUREMENTS

** IF YOU WOULD LIKE TO INCLUDE READY TO WEAR MEASUREMENTS PLEASE LIST BELOW
 * IF YOU MEASURED FOR CUSTOM GARMENTS PLEASE INCLUDE MANUFACTURERS FORM WITH THIS ORDER FORM*

UPPER EXTREMITY	LOWER EXTREMITY
CIRCUMFERENCE	CIRCUMFERENCE
PALM: _____ cm	ANKLE: _____ cm
WRIST: _____ cm	CALF: _____ cm
FOREARM: _____ cm	MID THIGH: _____ cm
ELBOW: _____ cm	WAIST: _____ cm
AXILLA: _____ cm	
LENGTH	LENGTH
WRIST TO AXILLA: _____ cm	HEEL TO 2" BELOW KNEE CREASE: _____ cm
	HEEL TO GROIN: _____ cm

Verify Insurance Price Quote (if no insurance coverage)

Please CHECK each product category box for insurance check and/or price quote.

- READY TO WEAR COMPRESSION GARMENTS
- CUSTOM MADE COMPRESSION GARMENTS
- NIGHTTIME COMPRESSION GARMENTS
- ALTERNATIVE COMPRESSION (VELCRO, LOW STRETCH)
- PNEUMATIC COMPRESSION DEVICE (PUMP)
- BANDAGE SUPPLIES
- UPPER EXTREMITY LOWER EXTREMITY

I WANT ABSOLUTE MEDICAL TO MEASURE MY PATIENT

Please check measuring/fitting location.

- REFERRAL CLINIC ABSOLUTE MEDICAL OFFICE

I HAVE A PREFERENCE OF PRODUCT(S) FOR MY PATIENT

If you have a preference of product brand or style for your patient please list them below.

Product #1: _____
 Product# 2: _____
 Product# 3: _____
 Product# 4: _____

ORDER COMMENTS: _____

IN NETWORK PROVIDER FOR:

BCBS OF IL
 BCBS OF IL HMO
 UNITED HEALTHCARE
 HEALTH ALLIANCE MEDICAL PLAN
 HEALTHLINK (GEHA)
 ILLINICARE
 WORKERS COMPENSATION

ALSO PROVIDE SERVICES FOR

MEDICARE
 IL MEDICAID

MANUFACTURERS

Jobst/BSN
 Juzo USA
 Medi / Circaid
 Lohman & Rauscher
 JoviPak
 Sigvaris
 Farrow Medical
 Peninsula Medical
 Bellisse Bra
 Bio Compression
 Wear Ease

RETAIL DISCOUNTS

- **20% DISCOUNT (OFF MSRP)** for RE-ORDERS
- **20% DISCOUNT (OFF MSRP)** if REFERRAL MEASURES and FITS

DROP SHIP POLICY

- Patient must sign Assignment of Benefits/ Terms and Conditions prior to garment being ordered and/or shipped.
(electronic signature is accepted)

RETURN POLICY

- *Custom garments are Non-returnable.* Custom garments have a guarantee for fit within 14 days of receiving items.
- Ready to Wear garments can be exchanged within 30 days
- "Non Custom" Retail orders can be returned for full credit within 14 days. Items must be in returnable and laundered condition with all original packaging and contents from the box.