Absolute Medical, Inc.
Your Compression Solution

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	HEEL TO 2" BELOW KNEE CREASE: _____cm
WRIST TO AXILLA: _____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 COMMMENTS: _____

_____

_____

_____

_____

IN NETWORK PROVIDER FOR:

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

ALSO PROVIDE SERVICES FOR

MEDICARE
IL MEDICIAID

MANUFACTURERS

Jobst/BSN
Juzo USA
Medi / Circaid
Lohman & Rauscher
JoviPak
BiaCare
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.