



# Pneumatic Compression Pump

for

Edema, Upper and Lower Extremity Lymphedema, DVT Prevention, Venous Stasis  
Ulcers, CVI & Chronic Wounds

Patient Name: \_\_\_\_\_ DOB:     /     /

**DX: Upper Extremity Lymphedema**

- Rx: Request a Gradient Sequential Pneumatic Compression Pump, home use 30-90 minutes a day, 1-2 times per day @ 25-65 mm/Hg.             *i97.2 i89.0 Q82.0*             99-lifetime

**DX: Lower Extremity Lymphedema and/or CVI & Wounds**

- Rx: Request a Gradient Sequential Pneumatic Compression Pump, home use 30-90 minutes a day, 1-2 times per day @ 25-65 mm/Hg.             *i89.0 i87.2 Q82.0*             99-lifetime

**DX: Mixed Venous and Arterial Disease**

- Rx: Request a Gradient Sequential Pneumatic Compression Pump, home use 30-90 minutes a day, 1-2 times per day @ 15-25 mm/Hg.   Legs down.             *i89.0 i87.2*             99-lifetime

**DX: Arterial Compression Pump**

- Rx: Request an Arterial Compression Pump, home use 1-3 hours a day-3 hours max., 1-3 times per day @ 85-125 mm/Hg.   Legs down.   99-lifetime

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Medical Office: \_\_\_\_\_

Please Fax to 800.483.1656 or 208.938.4235

**Please include the patient's face sheet & History and Physical**

