THUASNE®

LYMPHOLOGY PRESCRIPTION PAD

Patient Name:		Physician Name:	
Patient Phone:	Patient Email:	Physician Address:	
Medicare #:	Patient DOB:	Phone:	Fax:

Check all that apply		THUASNE PRODUCT	SUGGESTED HCPCS	PRODUCT DESCRIPTION	
☐	Nighttime	Mobiderm Standard Arm	A6522	Gradient compression garment, arm, padded, for nighttime use, each	Qty: _____
☐		Mobiderm Standard Glove	A6520	Gradient compression garment, glove, padded, for nighttime use, each	Qty: _____
☐		Mobiderm Standard Gauntlet	A6520	Gradient compression garment, glove, padded, for nighttime use, each	Qty: _____
☐		Mobiderm Autofit Arm w/Hand	A6522 + A6520	Gradient compression garment, arm, padded, for nighttime use, each + Gradient compression garment, glove, padded, for nighttime use, each	Qty: _____
☐		Mobiderm Autofit Below Knee	A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	Qty: _____
☐		Mobiderm Autofit Thigh High	A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	Qty: _____
☐		Mobiderm Intimate Bra	A6528	Gradient compression garment, bra, for nighttime use, each	Qty: _____
☐M ☐F	Daytime	Mobiderm Intimate Shorts	A6570	Gradient compression garment, genital region, each	Qty: _____
☐		Ease Adjust Calf Wrap	A6583	Gradient compression wrap with adjustable straps, below knee, each	Qty: _____
☐		Core-Spun or EASE Knee High	A6530 (18-30mmHg) A6552 (30-40mmHg)	Gradient compression stocking, below knee, each	20-30mmHg Qty: _____ 30-40mmHg Qty: _____
☐		Core-Spun or EASE Thigh High	A6533 (18-30mmHg) A6534 (30-40mmHg)	Gradient compression stocking, thigh high, each	20-30mmHg Qty: _____ 30-40mmHg Qty: _____
☐		EASE Pantyhose	A6539 (18-30mmHg) A6540 (30-40mmHg)	Gradient compression stocking, waist length, each	20-30mmHg Qty: _____ 30-40mmHg Qty: _____
☐		EASE Lymphedema Arm	A6578	Gradient compression arm sleeve, each	Qty: _____
☐		EASE Lymphedema Glove	A6581	Gradient compression glove, each	Qty: _____
☐		EASE Lymphedema Gauntlet	A6582	Gradient compression gauntlet, each	Qty: _____

Check all that apply	DIAGNOSIS
☐	i89.0 - Lymphedema, not elsewhere classified
☐	Q82.0 - Hereditary Lymphedema
☐	i97.2 - Postmastectomy Lymphedema Syndrome
☐	i97.89 - Post-surgical complications and disorders of circulatory system

UPPER EXTREMITY	
☐	Right
☐	Left
☐	Bilateral
☐	Breast

LOWER EXTREMITY	
☐	Right
☐	Left
☐	Bilateral
☐	Genital

Number of Refills: _____

No substitutions, dispense as written

X _____
Physician Signature

_____/_____/_____
Date

Physician Name

NPI #