

ORDER REQUEST FORM: BIOCOMPRESSION PUMP AND GARMENTS

Email, fax or post this completed form to Medi-Rent and call us with payment details to complete your order.
For latest pricing email info@medirent.com.au

1. ORDER DETAILS

Date Requested

Clinician

Phone No.

1. Courier to: (Fees apply)

Clinician's address

2. PATIENT DETAILS

Patient

DOB

2. Courier to: (Fees apply)

Patient's Address

Email

Home phone

Mobile

or 3. Home set-up Sydney Metro (Premium service fees apply)

3. BILLING INFORMATION

Who is paying?

Client

Hospital

DVA File no. -----

Home Care Package Provider -----

NDIS Participant no. ----- Plan Manager -----

ORDER REQUIREMENTS Clinicians must complete this section: Standard or custom settings; and garment choice

PUMP SETTINGS: SC-2008-DL

Pressure range	10 - 120 mmHg
Variable cycle time	Choose 60, 75, 90, 105, 120 secs (estimated times dependent on factors unique to the individual)
Focus treatment option	For the first 10 minutes, the pump will double the compression hold time on either the distal, middle or proximal segments

GARMENTS REQUIRED

Customer measurements required overleaf 

8-chamber arm vest Left or Right

16-chamber Bio-pants

8-chamber custom legs

8-chamber arm sleeve

Qty legs: -----

STANDARD SETTINGS

The following settings are programmed unless 'custom' is selected below

Pressure: 50mmHg Cycle time: 60 secs

Treatment time: 60 mins Focus: Off

CUSTOM SETTINGS

Only 1 value for each below.
Do not specify a range:

Pressure: ----- Focus: Nil

Cycle time: ----- Distal

Treatment time: ----- Middle

Proximal

MEASUREMENTS FOR BIOCOMPRESSION ARM OR ARM-VEST GARMENT

PATIENT NAME:

Please check the box below relevant to your order

1. ARM SLEEVE 2. ARM-VEST LEFT RIGHT

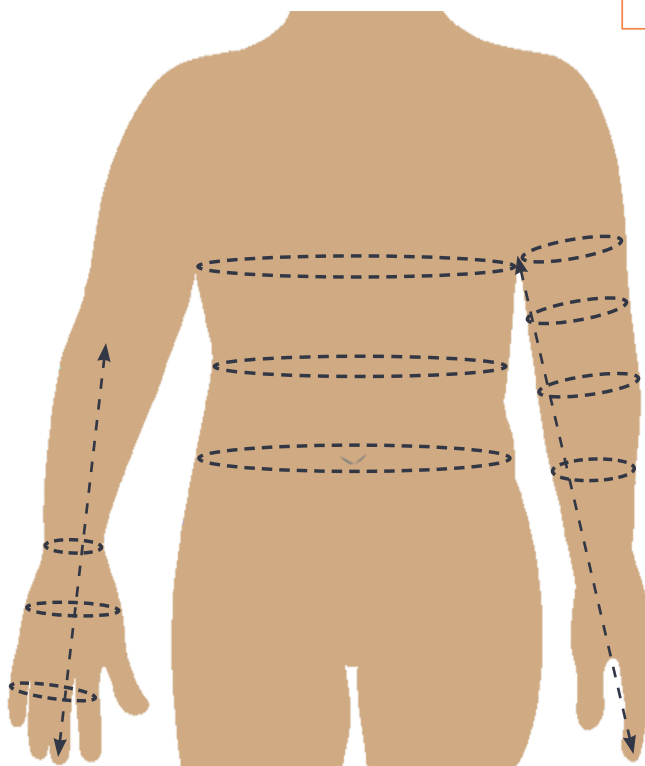
NOTE:

- * When measuring patients, please write the exact measurements on the form below. (The additional centimeters for the proper fit will be added by production personnel at Biocompression)
- * Add any additional circumference measures for unusual shapes. Please note the location on the limb and the circumference measure.

Special Instructions:

- * PHOTOS WILL ASSIST IN ACCURATE FIT
- * FOR CUSTOM GARMENTS PLEASE COMPLETE ALL MEASUREMENTS
- * ALL MEASUREMENTS ARE IN CM
- * FOR STANDARD GARMENTS PLEASE COMPLETE **ORANGE** MEASUREMENTS

- 1. LARGEST CIRCUMFERENCE OVER THE BREAST ()
- 2. LARGEST CIRCUMFERENCE AT BOTTOM OF RIB CAGE ()
- 3. LENGTH OF FOREARM FROM ELBOW TO MIDDLE FINGERTIP ()
- 4. WRIST CIRCUMFERENCE ()
- 5. PALM CIRCUMFERENCE ()
- 6. MID-FINGER JOINT CIRCUMFERENCE ()



TRUNK CIRCUMFERENCE IS LESS THAN 145CM (REQUIRED FOR STD FITTING)

- 7. LENGTH OF ARM FROM AXILLA TO MIDDLE FINGERTIP ()

NOTE: This is a STRAIGHT VERTICAL measurement. Do not measure the contour of the limb

- 8. UPPER ARM CIRCUMFERENCE AT AXILLA ()
 - 9. BICEP CIRCUMFERENCE ()
 - 10. ELBOW CIRCUMFERENCE ()
 - 11. FOREARM CIRCUMFERENCE ()
- LARGEST UPPER ARM CIRCUMFERENCE ()**
- LARGEST LOWER ARM CIRCUMFERENCE ()**

CUSTOM MEASUREMENTS FOR BIOCOMPRESSION LEG OR PANT GARMENTS

PATIENT NAME:

Please check the garment box relevant to your order

1. LEG GARMENTS

For custom leg garments please complete ALL measurements in **diagram A**.

2. BIO PANTS

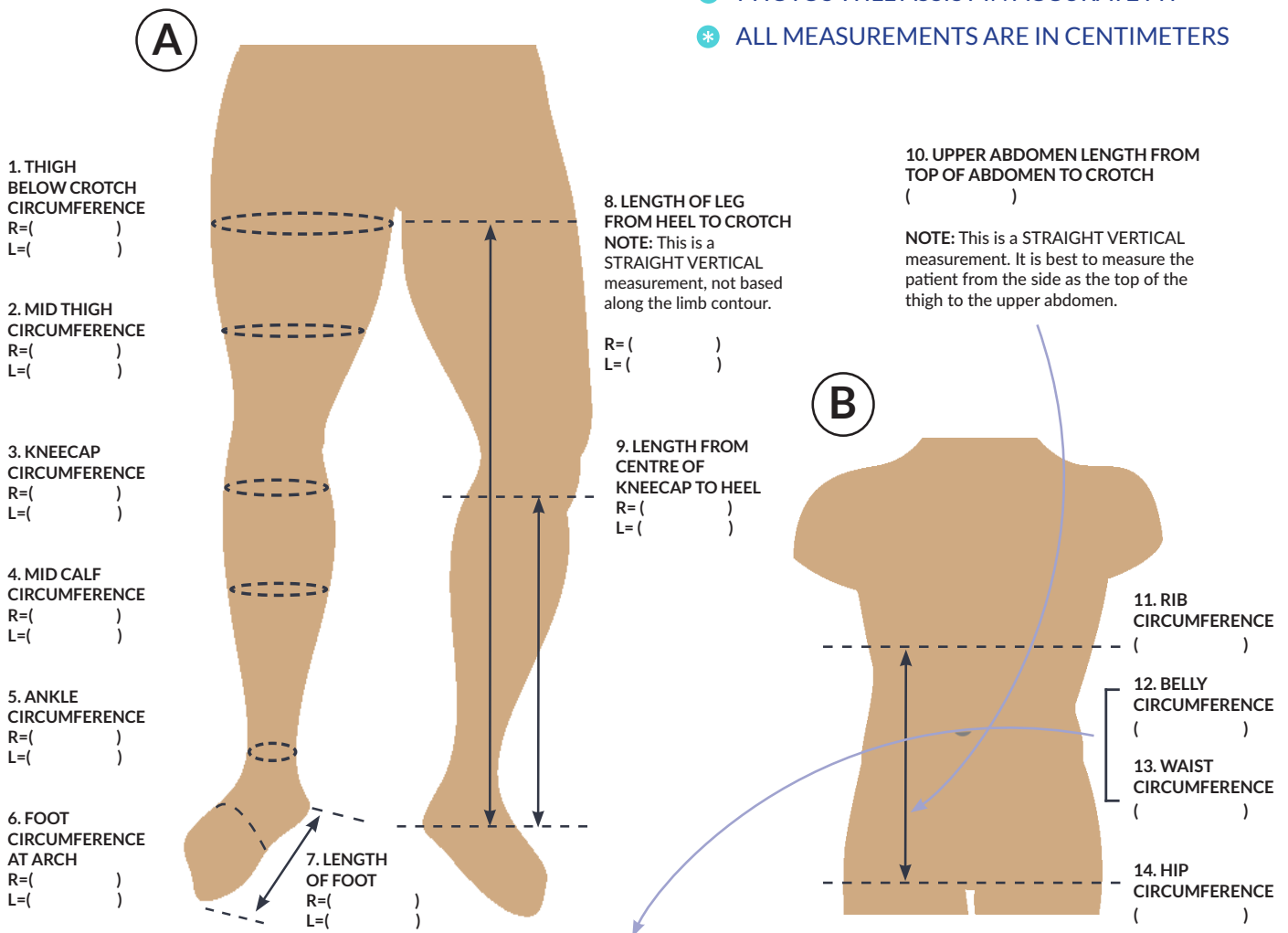
For custom biopant garments please complete ALL measurements in **diagram A and B**.

NOTE: When measuring patients, please write the exact measurements on the form below. The additional centimeters for the proper fit will be added by production personnel at Bio Compression.

Please indicate in anatomical area below, any additional unusual measurements pertinent to the fitting.

Special Instructions:

- * PHOTOS WILL ASSIST IN ACCURATE FIT
- * ALL MEASUREMENTS ARE IN CENTIMETERS



Measurements 12 and 13 should be equally distributed vertically between 11 and 14. If the patient has a uniquely wide girth, please ensure this is recorded in either 12 or 13 so the pant design accommodates