

RENTAL REQUEST FORM: LX9-LF900 (Sequential intermittent pneumatic compression)

Email, fax or post this completed form to Medi-Rent and call us with payment details to complete your order.
 For latest pricing visit www.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 -----

LX9-LF900 REQUIREMENTS Clinicians must complete this section and provide to your patients

TREATMENT OPTIONS Choose standard or custom settings →

Mode A Pre-Treatment + Sequential	Pre-clearance runs for 6 cycles or 12 minutes approx. Followed automatically by sequential inflation for the allocated treatment time set on the device.	
Mode B Classic Sequential	Fluid is moved sequentially, distally to proximally	
Mode C Distal oedema	Four compressions on distal chamber before inflating sequentially	
Mode D Wave	Garment fills two chambers at any one time in a wave formation, followed by classic sequential	
Pressure Range 20 - 180mmHg	Session Duration 5 - 90 minutes, or continuous	Cycle Speed 1 - 6 (slowest - fastest)

STANDARD SETTINGS

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

Mode B

Pressure: 40mmHg

Time: 60 mins

Speed: 4

Only 1 value for each. Do not specify a range

OR: CUSTOM SETTINGS

Only 1 mode may be selected:

Mode A Mode B

Mode C Mode D

Pressure: -----

Time: -----

Speed: -----

GARMENTS

Our staff will determine sizing dependent on the measurements you fill out overleaf

Garment/s reqd:

One leg Trunk

Two legs Arm sleeve

MEASUREMENTS

Measure your patient in relevant areas to determine sizing

1. LEG GARMENT

1a. Inner leg length - from groin to heel: cm
 This determines size of garment S/M/L.
 (Only one measurement needed)

1b. Widest thigh circumference:
 Left cm Right cm

1c. Widest calf circumference:
 Left cm Right cm

2. TRUNK GARMENT

2. Widest abdominal circumference: cm

3. ARM SLEEVE

3a. Widest upper arm circumference (from under armpit): cm

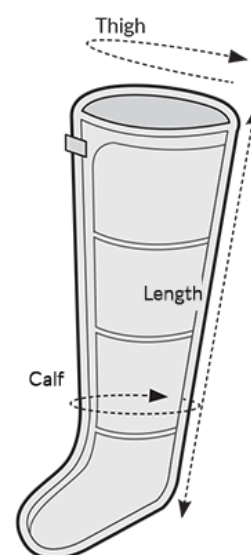
3b. Length of arm from armpit to fingertip: cm

1. OVERLAPPING LEG GARMENT

Garment sizes come in S/M/L with circumference options of Standard/Wide/X-Wide. Medi-Rent customer service will determine the best size based on the measurements provided.

Largest sizes we can accommodate in LX9-LF900 leg garments:	
Leg length	89 cm
Thigh circumference	102 cm
Calf circumference	88 cm

If you have a leg measurement greater than one of the measurements above you may need to consider custom-made Biocompression leg garments. Please note these custom garments cannot be rented and use the Biocompression pump. See our Biocompression referral sheet.

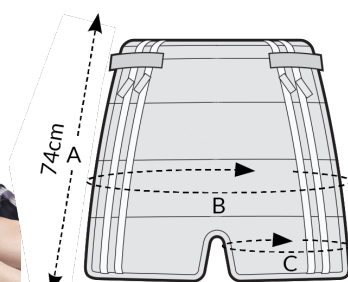


2. TRUNK GARMENT

One size with 3 built-in zippers

	B	C
Circumference on widest fitting*	133 cm	74 cm
+ 1 pair extensions	153 cm	84 cm
+ 2 pairs extensions	173 cm	94 cm
+ 3 pairs extensions	193 cm	104 cm

* Three built-in zippers mean this garment can be made smaller than the measurements listed here



3. ARM GARMENT

		Largest fitting
A	Widest upper arm circumference	60cm
B	Longest arm for full finger coverage	68cm

