MEDI-RENT VASCULAR 250304

BIO COMPRESSION SYSTEMS INC.

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 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: ----------

Cycle time: ----------

Treatment time: ----------

Focus:

Nil ☐

Distal ☐

Middle ☐

Proximal ☐

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MEASURMENTS 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 BLUE MEASUREMENTS

1. LARGEST CIRCUMFERENCE OVER THE BREAST ( )

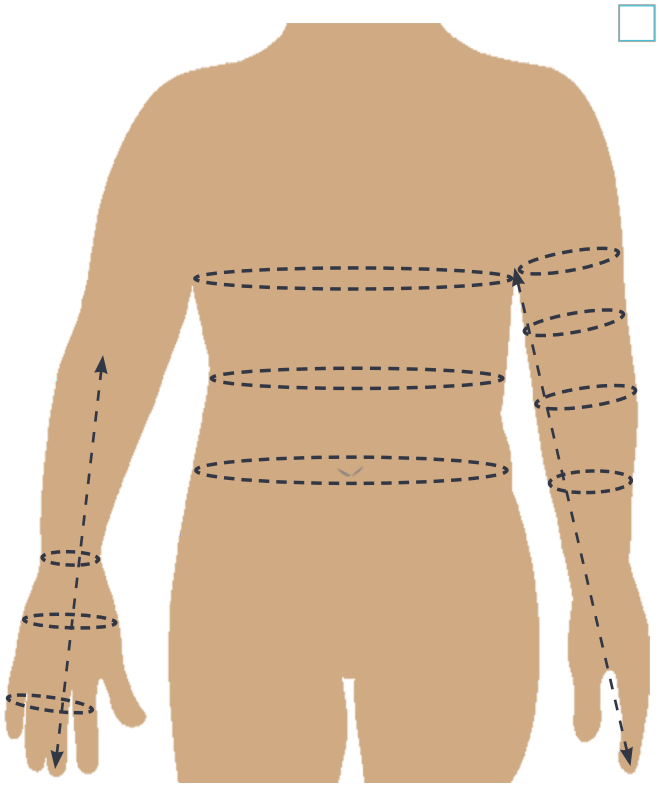
2. LARGEST CIRCUMFERENCE AT BOTTOM OF RIB CAGE ( )

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 ( )

LARGEST UPPER ARM CIRCUMFERENCE ( )

10. ELBOW CIRCUMFERENCE ( )

11. FOREARM CIRCUMFERENCE ( )

LARGEST LOWER ARM CIRCUMFERENCE ( )

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CUSTOM MEASURMENTS FOR BIOCOMPRESSION LEG OR PANT GARMENTS

PATIENT NAME: ----------

Please check the garment box relevant to your order

1. LEG GARMENTS ☐

For std leg garments please complete measurements 2, 4, and 8. 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.**

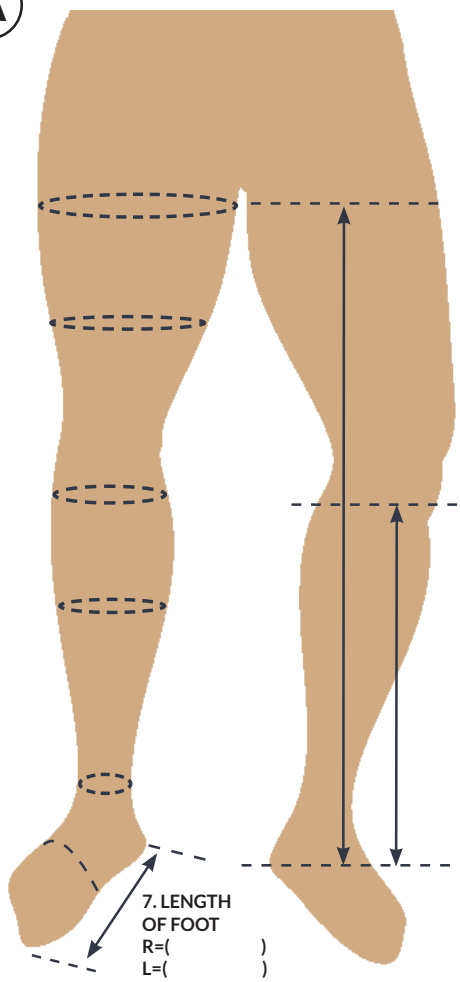
NOTE: When measuring patients, please write the exact measurements on the form below.
The additional centimeters for the proper fit will be added by production personnel at Bio Compression.

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

A



1. THIGH BELOW CROTCH CIRCUMFERENCE
R=( )
L=( )

2. MID THIGH CIRCUMFERENCE
R=( )
L=( )

3. KNEECAP CIRCUMFERENCE
R=( )
L=( )

4. MID CALF CIRCUMFERENCE
R=( )
L=( )

5. ANKLE CIRCUMFERENCE
R=( )
L=( )

6. FOOT CIRCUMFERENCE AT ARCH
R=( )
L=( )

7. LENGTH OF FOOT
R=( )
L=( )

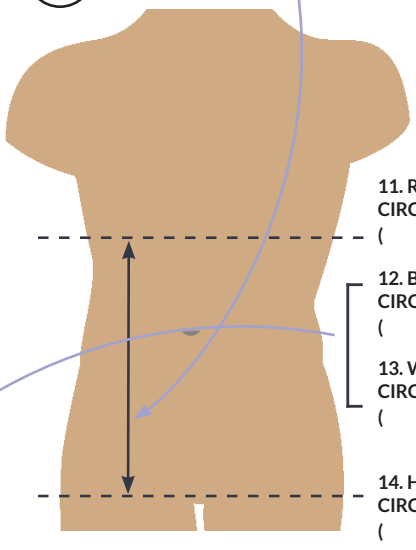
8. LENGTH OF LEG FROM HEEL TO CROTCH
NOTE: This is a STRAIGHT VERTICAL measurement, not based along the limb contour.
R= ( )
L= ( )

9. LENGTH FROM CENTRE OF KNEECAP TO HEEL
R= ( )
L= ( )

10. UPPER ABDOMEN LENGTH FROM TOP OF ABDOMEN TO CROTCH
( )

NOTE: This is a STRAIGHT VERTICAL measurement. It is best to measure the patient from the side as the top of the thigh to the upper abdomen.

B



11. RIB CIRCUMFERENCE
( )

12. BELLY CIRCUMFERENCE
( )

13. WAIST CIRCUMFERENCE
( )

14. HIP CIRCUMFERENCE
( )

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 accomodates

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