MEDI-RENT
THE MEDICAL EQUIPMENT RENTAL SPECIALISTS
261030 v3

Medi-Rent Pty Limited
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AUSTRALIA
AU Ph: 1300 726 666

9F Lady Ruby Dr
East Tamaki 7201
NEW ZEALAND
NZ Ph: 0800 725 555

RENTAL REQUEST FORM: REJUVI8 *(For latest pricing visit www.medirent.com.au)*

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

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* ----------

3. BILLING INFORMATION

Who is paying? ☐ *Client* ☐ *Hospital* ----------

AU ☐ *DVA* *File no.* ---------- ☐ *Home Care Package* *Provider* ----------

AU ☐ *NDIS* *Participant no.* ---------- *Plan Manager* ----------

NZ ☐ *ACC* *Claim no.* ---------- *Claim Manager* ----------

REJUVI8 REQUIREMENTS

Clinicians must complete this section and provide to your patients

TREATMENT OPTIONS *Choose standard or custom settings* →

Mode A Pretherapy	Cycles 1-3: Sequential fill proximal chambers 5-8 Cycle 4 onwards: Sequential fill chambers 1-8
Mode B Sequential	Fills from distal to proximal chambers.
Mode C Distal	Alternating sequence: fills chambers 1-3, followed by chambers 1-8, repeated
Mode D Middle	Alternating sequence: fills chambers 3-6, followed by chambers 1-8, repeated
Mode E Proximal	Fills air chambers 6-8, alternates with sequential fill of air chambers 1-8
Mode F Massage	Alternating sequence: fills chambers 6-8, followed by chambers 1-8, repeated

Pressure Range 40 - 150mmHg	*Session Duration* 5 - 90 minutes	*Cycle Speed* 1 - 5 (fastest to slowest)

STANDARD SETTINGS ☐

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

Mode B
Pressure: 40mmHg
Time: 60 mins
Speed: 1

OR: CUSTOM SETTINGS ☐

Only 1 mode may be selected:

Mode A ☐ *Mode B* ☐
Mode C ☐ *Mode D* ☐
Mode E ☐ *Mode F* ☐

Pressure: ----------
Time: ----------
Speed: ----------

Only 1 value for each. Do not specify a range

rejuvi8
Superior compression **made simple**

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MEASUREMENTS

Measure your patient in relevant areas to determine sizing

***Garment Size Code If Known** ----------

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

2a. Widest abdominal circumference: ---------- cm

2b. Widest thigh circumference: ---------- cm

3. ARM SLEEVE

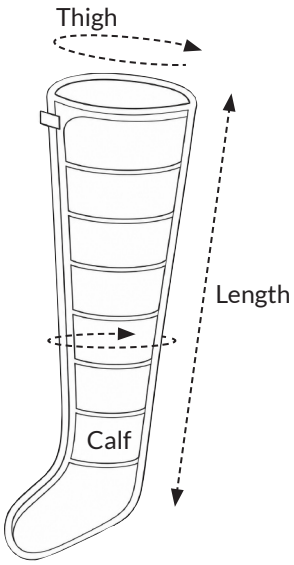
3a. Widest upper arm circumference (from under armpit): ---------- cm

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

1. OVERLAPPING LEG GARMENT

LEGS	Largest Thigh	Largest Calf	Inner leg length
Medium standard leg	62 cm	50 cm	74 cm
Large standard leg	64 cm	52 cm	93 cm

** Maximum limb measurements to fit sleeve dimensions and allow the sleeve to inflate.*

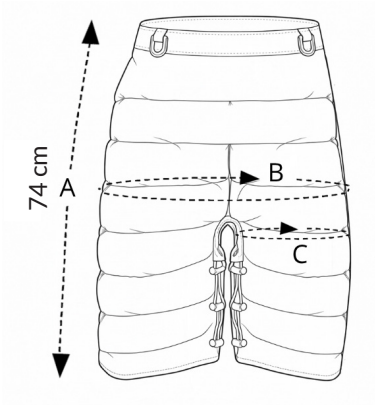


2. TRUNK GARMENT

One size

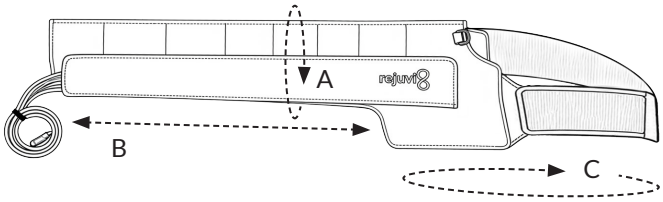
	B	C
Circumference on widest fitting*	118 cm	61 cm
+ 1 pair extensions	138 cm	75 cm
+ 2 pairs extensions	158 cm	89 cm
+ 3 pairs extensions	178 cm	103 cm

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



3. ARM GARMENT

A	Widest upper arm circumference	48 cm
B	Longest arm for full finger coverage	66 cm
C	Largest torso	158 cm



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