



Farrow Prescription Form

Incomplete Forms Will Delay Shipping

Patient / Billing Information

Patient Name: _____ Prescriber: _____ UPIN: _____

Sex: M / F Age: _____ Height: _____ Weight: _____

Business: _____ Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Method of Payment: Check / Money Order * Make checks payable to FarrowMed LLC *

Credit Card (circle) -- Visa/MC/AMEX/Discover or PO # _____ Expires: _____

Signature of cardholder _____

Shipping Information Same as above

Contact Person: _____ E-mail: _____

Business: _____ Address: _____

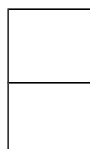
City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Prescribing Information



| | Left | Right |
|-------|------|-------|
| Thigh | | |
| Leg | | |
| Foot | | |
| Toes | | |



Mild to Moderate Edema

Moderate to Severe Edema*

| | Left | Right |
|---------|------|-------|
| Arm | | |
| Hand | | |
| Fingers | | |



*Be cautious when prescribing "Moderate to Severe Edema" for patients with PAD.

If mixed severity, please specify in special instructions below.

Special Instructions: _____

Related Diagnoses: _____

I authorize release of my name for identification purposes.

Prescriber

Patient Name (please print) Signature

Selection Permitted

Dispense as written

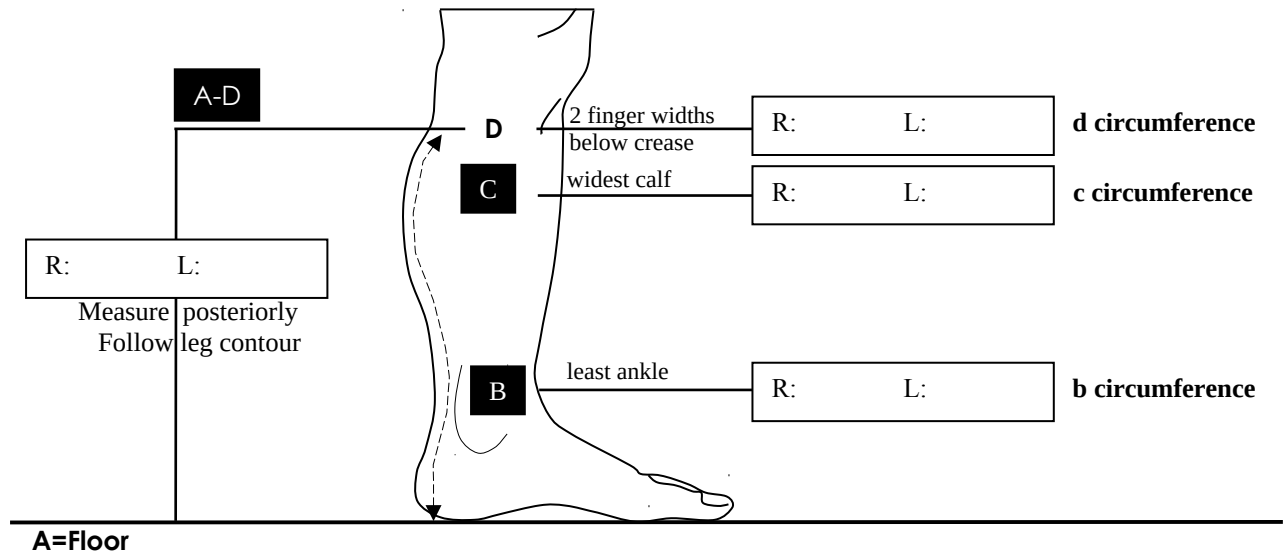
Date

Date

Refill: _____ times PRN NR

FarrowFoam™ Liners Order Form

Business: _____ Patient: _____ PO: _____
 Person Measuring: _____ Phone/Fax: _____ / _____ Date: _____



All FarrowFoam™ liners are sold as eaches.

FarrowFoam™ Liners are used under a Farrow brand compression garment. When ordering a FarrowFoam™ Liner you **MUST** add 10 cm to all leg circumferences and 5 cm to foot circumferences when choosing the correct-sized Farrow leg or foot garment to go over it. On the order form, please indicate the actual measurements and then the measurements needed to fit over the FarrowFoam™ liner. XL and XXL sizes are subject to price increases.

| FarrowFoam™ Smooth Foam AD Liner | | Sizes | | | | | | | | | | | |
|----------------------------------|---------|------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| | | XSmall | | Small | | Medium | | Large | | XLarge* | | XXLarge* | |
| (D) Below Knee | | 37 – 43 cm | | 42 – 48 cm | | 45 – 51 cm | | 50 – 56 cm | | 55 – 61 cm | | 60 – 66 cm | |
| (C) Mid calf | | 32 – 38 cm | | 37 – 43 cm | | 42 – 48 cm | | 47 – 53 cm | | 52 – 58 cm | | 57 – 63 cm | |
| (B) Least Ankle | | 18 – 23 cm | | 21 – 26 cm | | 23 – 28 cm | | 26 – 31 cm | | 28 – 33 cm | | 31 – 36 | |
| (AD) Length | | 38 cm | | 39 cm | | 41 cm | | 42 cm | | 43 cm | | 45 cm | |
| Side Closure AD Liner | FLFM-AD | Qty | | Qty | | Qty | | Qty | | Qty | | Qty | |

Accessories Order Form

Business: _____ Patient: _____ PO: _____
 Person Measuring: _____ Phone/Fax: _____ / _____ Date: _____

| FarrowFoam™ Rolls | | | |
|-------------------------|------------------|-----|--|
| 4mm x 10cm x 200cm Gray | FFRL01G4-010x200 | Qty | |
| 8mm x 10cm x 100cm Gray | FFRL01G8-010x100 | Qty | |

| FarrowFoam™ Sheets | | Thickness | | | |
|--------------------|------------------|-----------|--|------|--|
| | | 4 mm | | 8 mm | |
| 100cm x 50cm Gray | FFSH01G_-050x100 | Qty | | Qty | |
| 50cm x 50cm Gray | FFSH01G_-050x050 | Qty | | Qty | |

| GarmentGrip™ | | | |
|--------------------------|------------------|-----|--|
| 10cm x 60cm Tan (Arm) | FGG-T-PUT010x060 | Qty | |
| 14cm x 80cm Tan (Thigh) | FGG-T-NPT014x080 | Qty | |
| 14cm x 120cm Tan (Thigh) | FGG-T-NPT014x120 | Qty | |

| Farrow Short-Stretch™ | | | |
|--------------------------|--------------|-----|--|
| 8cm x 150cm Tan Webbing | FSSWB-08x150 | Qty | |
| 10cm x 150cm Strong Band | FSSST-10X150 | Qty | |

| Velcro® Packs | | | |
|---------------------------|------------|-----|--|
| For LITE TTF Armpiece | FWLT-T-AVP | Qty | |
| For TTF Footpiece | FW-T-FVP | Qty | |
| For STRONG TTF Legpiece | FWST-T-LVP | Qty | |
| For LITE TTF Legpiece | FWLT-T-LVP | Qty | |
| For STRONG TTF Thighpiece | FWST-T-TVP | Qty | |
| For BASIC OTS Legpiece | FWBA-O-LVP | Qty | |
| For BASIC OTS Footpiece | FWBA-O-FVP | Qty | |

| Velcro® & Foam Packs | | Size | | | |
|--------------------------------------|-------------|-----------------|--|----------------|--|
| | | X-Small – Small | | Medium – Large | |
| For LITE Hand Gauntlet | FWLT-O-HGRP | Qty | | Qty | |
| For ThinGrip Hand Gauntlet (no foam) | FWTG-O-HGRP | Qty | | Qty | |