



# 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\*

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

If mixed severity, please specify in special instructions below.

	Left	Right
Arm		
Hand		
Fingers		



Special Instructions: \_\_\_\_\_

Related Diagnoses: \_\_\_\_\_

I authorize release of my name for identification purposes.

## Prescriber

\_\_\_\_\_  
Patient Name (please print)      Signature

\_\_\_\_\_  
Selection Permitted

\_\_\_\_\_  
Dispense as written

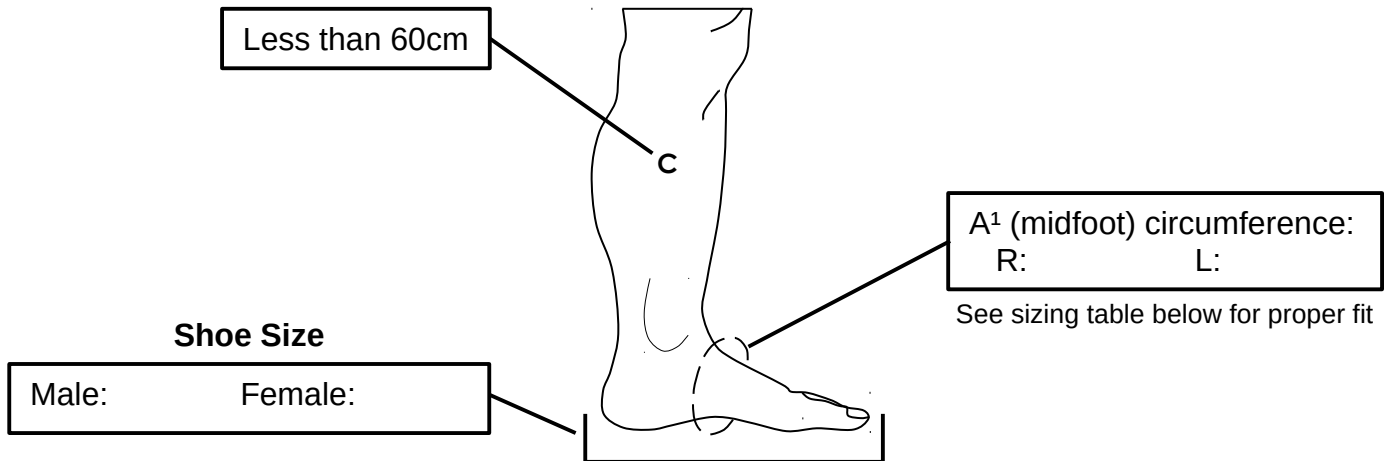
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Refill: \_\_\_\_\_ times PRN NR

# FarrowHybrid™ Foot Compression Order Form

Business: \_\_\_\_\_ Patient: \_\_\_\_\_ PO: \_\_\_\_\_  
 Person Measuring: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_



**FarrowHybrid™ AD Foot Compression** is half compression stocking (over the foot and ankle) and half sock (over the leg) and may be used in place of our footpieces with our legpiece. Easy to apply and remove, they are comfortable and readily fit in patients' shoes.

FarrowHybrid™ AD		SKU	Small		Medium		Large		XLarge	
Male Shoe Size			3 – 6		7 – 9		10 – 12		13 – 15	
Female Shoe Size			4 – 7		8 – 10		11 – 13		14 – 16	
<b>FarrowHybrid™ ADI</b>	FLFH-ADI	Qty		Qty		Qty		Qty		
<b>FarrowHybrid™ ADI Wide</b>	FLFH-ADIW	Qty		Qty		Qty		Qty		
<b>FarrowHybrid™ ADIIS</b>	FLFH-ADIIS	Qty		Qty		Qty		Qty		
<b>FarrowHybrid™ ADIIS Wide</b>	FLFH-ADIISW	Qty		Qty		Qty		Qty		

FarrowHybrid™ Foot Compression Size Selector		
	20 – 30mmHg	30 – 40mmHg
A <sup>1</sup> Circumference 20 – 27cm	FLFH-ADI	FLFH-ADIIS
A <sup>1</sup> Circumference 28 – 35cm	FLFH-ADIW	FLFH-ADIISW

FarrowHybrids cover a wide range of circumferences in standard and wide sizes. The maximum leg circumference must be 60 cm or less. FarrowHybrid™ ADI and ADIW provide Class I (20-30mmHg) compression on most swollen feet and FarrowHybrid™ ADIIS and ADIISW provide Class II (30-40mmHg) compression. The FarrowHybrid™ ADIIS foot compression CONTAINS SILVER and should not be used on patients allergic to silver.

## FarrowHybrid™ AD Foot Compression

The **FarrowHybrid™ AD Foot Compression** garments are easily stretchable in the legging, which makes them easy to apply and remove, while being low profile enough to fit into the patient's current shoes.

### Directions for FarrowHybrid™

Fill in the Patient / Billing & Shipping Information areas **completely**. The associated sku number can be cross-referenced with the Pricing Schedule to calculate the price. A practitioner's order is required for all garments. DME stores do not need to forward a practitioner's order to FarrowMed. Have the patient sign the authorization.

### FarrowHybrid™ Measuring Instructions

Measure the circumference at the midfoot and widest calf. Midfoot circumference ranges are between 20 – 27cm for **standard** sizes and 28 – 35cm for the **wide** sizes. The widest calf circumference must be less than 60 cm and shoe size must be between 3.5-16 US. Indicate in the blank white box the number of FarrowHybrid's™ desired. FarrowHybrid™ AD are sold as pairs and are designed for use with Farrow brand leg garments.