



# 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

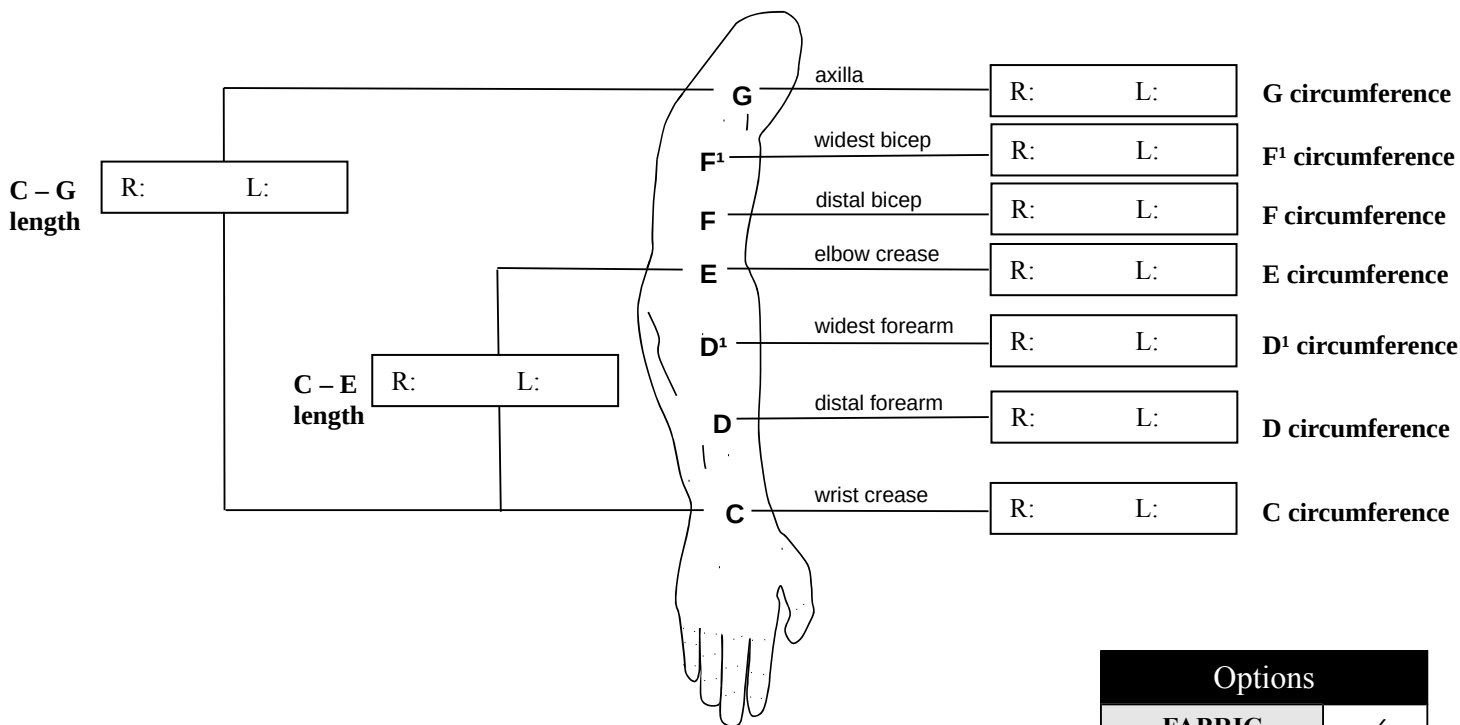
\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Selection Permitted      Dispense as written

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

# FarrowWrap® Custom Arm Order Form

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



Custom Garment	Armpiece		FW_-C-A
Quantity	Right:		Left:

**This garment requires 2 hands to don and 1 to doff.**

Options	
FABRIC	✓
Classic	
LITE	
STRONG	
ThinGrip	

Custom arm wraps come **standard** with 1 pair of TG® Soft Liners free. Additional liners cost extra. See directions and pricing for details. **ThinGrip will NOT be issued free liners. If needed, liners will be charged.**

## Directions for the Upper Extremity

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.

Fill in the Patient / Billing & Shipping Information areas **completely**. Next, choose the FarrowWrap® version: Classic, LITE, STRONG or ThinGrip. Classic, STRONG and ThinGrip are generally reserved for more severe edema cases. LITE is more appropriate for mild to moderate edema. On the armpiece table, the “\_” is part of the sku number & stands for either a “CL” for Classic, “LT” for LITE, “ST” for STRONG or “TG” for ThinGrip. This sku number can be crossreferenced with the Pricing Schedule to calculate the price.

For lengths, measure from flexor surface of the wrist up the arm to the axilla. A pair of TG® Soft liners is shipped free with each order. To order additional liners, enter the quantity of pairs on the line below. **FarrowWrap ThinGrip™** garments are designed to be worn without liners but can be if one is needed. ThinGrip garments will NOT be issued free liners. If liners are needed, they will be an additional charge. When ThinGrip is worn without a liner, ensure that the Velcro® does not contact any skin and any open wounds are covered.

Other: \_\_\_\_\_