



# 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

\_\_\_\_\_  
Date

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

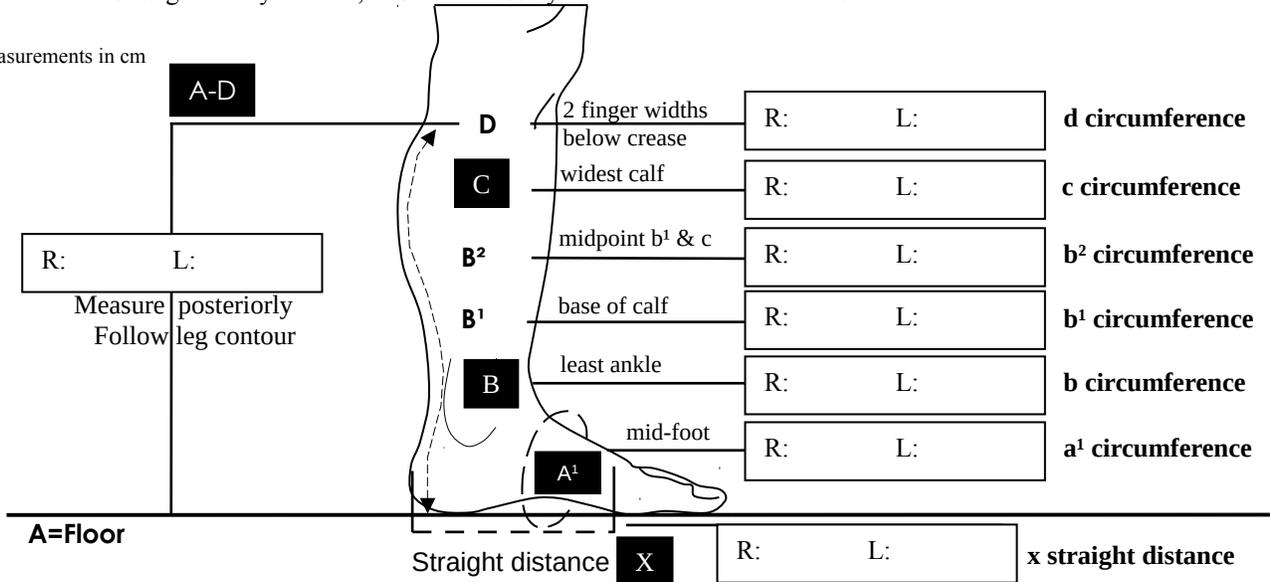
Refill: \_\_\_\_\_ times PRN NR

# FarrowWrap® Knee High OTS and Custom Order Form

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

**?** This field indicates a measurement necessary to fit a patient for an OTS (off-the-shelf) component. If the patient will not fit into an OTS component, then the additional measurements are required for a custom component. Mark the number of components desired, OTS or custom, in the appropriate field. You may mix and match custom with OTS (i.e. OTS footpiece & custom legpiece.) If you know what size OTS garment you want, it is not necessary to fill in the measurements.

Note: All measurements in cm



Please note that “\_” in the SKU below (i.e. FW\_-O-LR) stands for either “CL” for Classic “LT” for LITE “ST” for STRONG, “BA” for BASIC or “TG” for ThinGrip. The skus may then be cross-referenced with our price sheet to obtain the garment price. **B-D** is the actual height of the garment.

OTS Components		Legpiece									
		XSmall	Qty	Small	Qty	Medium	Qty	Large	Qty	XLarge	Qty
(C) Mid-Calf		36–43 cm		42–50 cm		48–58 cm		53–63 cm		58–68 cm	
(B) Ankle		21–25 cm		25–30 cm		30–36 cm		36–42 cm		42–50 cm	
(A-D) Regular (B-D)	FW_-O-LR	35 cm		37 cm		39 cm		41 cm		41 cm	
		28 cm		30 cm		31 cm		33 cm		33 cm	
(A-D) Tall (B-D)	FW_-O-LT	40 cm		42 cm		44 cm		46 cm		46 cm	
		33 cm		35 cm		36 cm		38 cm		38 cm	
		Footpiece									
		XSmall	Qty	Small	Qty	Medium	Qty	Large	Qty	XLarge	Qty
(A¹) Mid-Foot		22–24 cm		25–27 cm		28–30 cm		31–34 cm		35–40 cm	
(X) Regular	FW_-O-FR	16.5 cm		18 cm		19.5 cm		21 cm		23 cm	
(X) Long	FW_-O-FL	18.5 cm		20 cm		21.5 cm		23 cm		25 cm	

Options	
FABRIC	✓
Classic	
LITE	
STRONG	
BASIC*	
ThinGrip	

Custom Components	Legpiece	FW_-C-L		Footpiece	FW_-C-F		Extend footpiece length to base of toes
Quantity	Right:		Left:	Right:	Left:		L R BL:

Use Nonstandard Liner Option (see liner form)

When a footpiece & legpiece are purchased together, 1 pair of **standard** liners are included automatically free. Other liners may cost extra. See liner form & pricing for details. **ThinGrip will NOT be issued free liners. If needed, liners will be charged.** **BASIC foot and leg piece combinations will only be issued one (1) liner, not a pair.**

Please note that you may substitute a FarrowHybrid™ AD for a footpiece. See FarrowHybrid™ order form for additional details. Additionally, be sure and check the box for the type of fabric desired: Classic, LITE, STRONG, BASIC or ThinGrip.

**\*BASIC is not available as a custom.**

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

# Directions for Knee High Garments

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. Please note that OTS sizes can accommodate at least a 15 to 20% reduction in edema, but only a 5% increase.

Fill in the Patient / Billing & Shipping Information areas **completely**. Next, choose the FarrowWrap® version; Classic, LITE, STRONG, BASIC or ThinGrip. Classic, STRONG, BASIC and ThinGrip are generally reserved for more severe edema cases. LITE is more appropriate for mild to moderate edema. On the measurement page, part of the sku number (i.e. FW\_-O-LR) is represented by a “\_” which represents either a “CL” for Classic, “LT” for LITE, “ST” for STRONG, “BA” for BASIC or “TG” for ThinGrip. (NOTE: **BASIC is not available as a Custom**) The appropriate sku number can be cross-referenced with the Pricing Schedule to calculate the price.

Only circumferences at points **A**, **B**, & **C** and length measurements **X** & **A-D** are necessary to determine if the patient can fit into an **OTS (Off-The-Shelf or ready-made) A-D garment**. If the patient will not fit into an OTS garment, then the additional measurements for that particular component are required. All length measurements are measured along the posterior contour of the leg following contours around any lobes. If any lobes are present, drawings and/or pictures (with the patient's permission) will help. Measure only portions of the limb to be fitted with a garment. Follow these instructions on how to properly measure. **ONLY** record **ACTUAL** measurements.

## FarrowWrap® Legpiece

1. Obtain the following 3 measurements:
  - a. Mid or widest calf circumference (at **C**).
  - b. Least ankle circumference (at **B**), just above malleoli or bumps on either side of ankle.
  - c. Length of leg following posterior contour from 2 finger widths below posterior knee crease to the ground, **A-D**.
2. Now, match the OTS midcalf and ankle circumferences to a respective size. If the mid-calf AND ankle circumferences do not both match a single size, or if the patient has a large lobe, then a custom legpiece is highly recommended and we will need all associated measurements. (\*BASIC is not available as a custom)
3. If the circumferences do match an OTS size, then compare **A-D** to the OTS regular length and tall length measurements. If **A-D** falls within 1 - 1.5 centimeters of one of these lengths, then in the space next to the appropriate OTS length enter the number of legpieces you would like in that given size. If the measured length is not within 1.5 centimeters of either length, a custom legpiece is highly recommended and all associated measurements would be required. Enter the number of legpieces desired.

## Note

The leg measurements used by this form allow for at least a 20% additional reduction in leg and ankle circumference (edema reduction), but can only accommodate about a 5% increase. There is room for greater variance in ankle circumferences than for calf circumferences. In general, Classic will accommodate greater reductions in edema and LITE will accommodate greater increases. Patients may fit into an OTS garment even though this form may indicate otherwise, but we cannot guarantee it.

## FarrowWrap® Footpiece

1. Measure the affected foot's midfoot circumference, **A**, and length, **X**. The length is measured from the proximal (posterior) border of either the 1st or 5th metatarsal head (bunion), which ever is shorter, to the posterior most aspect of the heel. This measurement should be made across the floor - not along the side of the patient's foot.
2. Next, match **A** to a respective-sized OTS footpiece. If a match cannot be made, a custom footpiece will be required.
3. Next, compare **X** to the OTS regular length and long length measurements. If **X** falls within a 0.5 - 1.0 cm of one of these OTS lengths, then in the space next to the appropriate length enter the number of footpieces you would like in that given size. If the length measurement is not within 1.0 centimeter of any OTS length, a custom footpiece is highly recommended.

Note: The **X** measurement defaults to extend to the metatarsal heads, for safety reasons. If you wish the footpiece to extend to the base of the toes, then you must add this extra distance to **X** when choosing an OTS garment. For custom footpieces, under “Extend footpiece length to base of toes,” write L (left), R (right), or BL (bilateral) on the form and we will add 2 cm to length. **Only do this on patients with adequate circulation and no peripheral neuropathy; do not use on symptomatic diabetics.**
4. Enter the number of footpieces desired.
5. As a replacement option in mild to moderate edema, a FarrowHybrid™ AD Foot Compression may be used in place of a footpiece.

## Liner Options

If no options are selected, a pair of **Farrow Silver AD Liners** will be sent **standard** (free) with each footpiece / legpiece combination **only**.

**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 that any open wounds are covered. **FarrowWrap BASIC™** garments will only be issued one (1) liner and not a pair. The FLSF-AD2 can accommodate leg circumferences up to 58 cm and the FLSL-AD4 can accommodate leg circumferences from 53-70 cm; an appropriate pair will be issued standard. If the leg circumference is greater than 70 cm, a pair of **TG® Soft AD Liners** will be issued instead, also free. TG® Soft Liners come in 3 sizes; S < 40 cm, M 40-70 cm, & L 70-125 cm. They may be **substituted** for silver liners in the case of silver incompatibilities without charge. To order a **different than standard** liner, **check the “Use Nonstandard Liner,”** and **use the liner order form**. To order additional liners, also use the liner order form. The **FarrowFoam™ AD Liner** is for patients with fragile skin for use under the Classic leg and footpieces. They come in 4 sizes and 2 models. See catalog and liner order form for details. Please note **when ordering a FarrowFoam™ Liner for use under an OTS garment, that you must also add 10 cm to leg circumferences and 5 cm to foot circumferences when determining the correct sized FarrowWrap® leg or foot piece**. We recommend at least 2 pairs of liners per extremity.

## Other Options

Some patients have very triangular shaped legs and even the Classic garment may have difficulty staying up. Additional velcro-like spines, called Hook Stays, can be easily attached to the garment to help hold it in place. The stays are available in small (16 cm length), medium (21 cm length), and large (27 cm length). For custom garments, additional velcro tabs may be ordered to help prevent gapping between bands on oddly shaped limbs.