



# 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	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>
Toes	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Mild to Moderate Edema
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>
Fingers	<input type="checkbox"/>	<input type="checkbox"/>



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

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

I authorize release of my name for identification purposes.

### Prescriber

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

\_\_\_\_\_  
Date

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

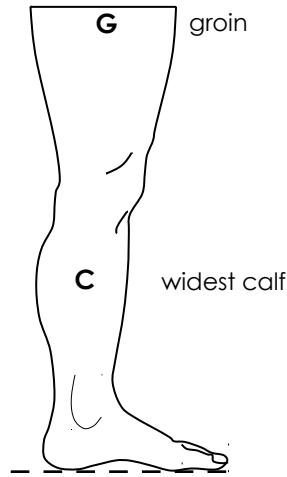
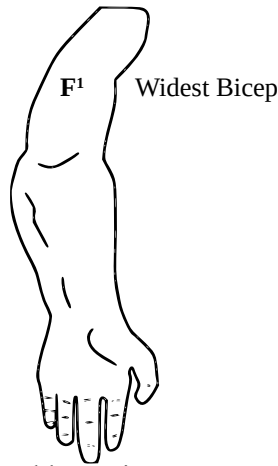
\_\_\_\_\_  
Date

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

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

# FarrowWrap® Liners Order Form

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



All silver and TG® Soft liners are sold as pairs.

**Farrow Silver Liners** are issued standard with most garments. Patients with legs > 70 cm or arms > 58 cm in circumference or that have adverse reactions to silver will need to order a TG® Soft liner instead, which can be substituted free.

Farrow Silver Liners		Sizes			
		Small (Flesh Color)		Large (Silver Color)	
Calf (C) or Arm Circumference (F¹)		15 – 58 cm		52 – 70 cm	
Silver AD Liner	FLS_-AD_	Qty		Qty	
Silver Arm Liner	FLSF-A2	Qty			
Silver Arm Hand Liner	FLSF-AH2	Qty			

**TG® Soft** is used on patients who are allergic or adversely react to silver, do not fit into a silver liner, who need a little more cushioning than our silver liners, or who desire an open toe.

TG® Soft Liners		Sizes					
		Small		Medium		Large	
Extremity Circumference		< 40 cm		40 – 70 cm		70 – 120 cm	
Arm (F¹)	FLTG-ARM	Qty		Qty		Qty	
AD Knee High (C)	FLTG-AD	Qty		Qty		Qty	
Are the AD liners a SUBSTITUTE to our standard liners? (Only if you circle "YES" here will you not be charged.)						YES / NO	
AG Thigh High (G)	FLTG-AG	Qty		Qty		Qty	