



# 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.

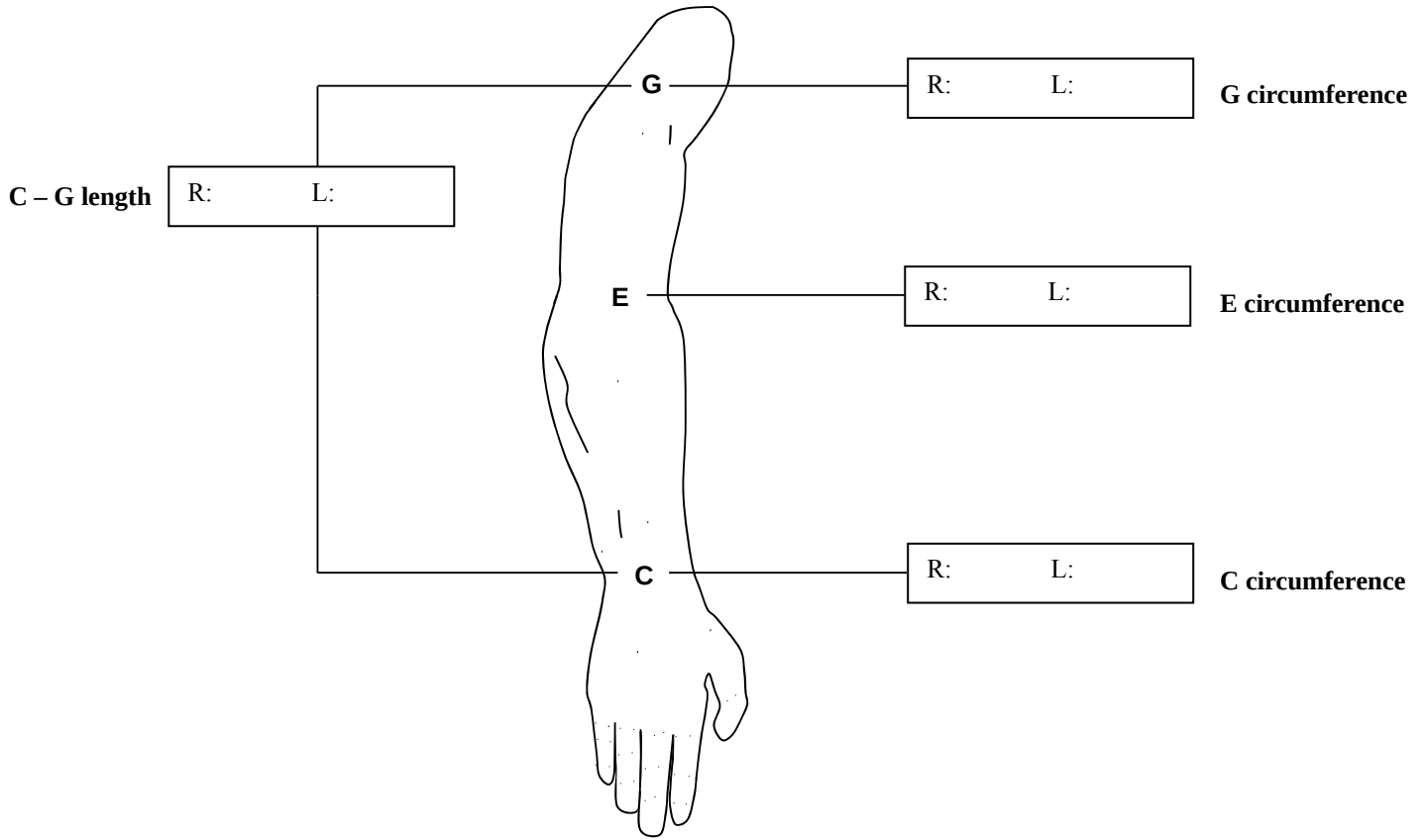
## Prescriber

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

\_\_\_\_\_  
 Selection Permitted      Dispense as written  
 \_\_\_\_\_  
 Date      Refill: \_\_\_\_\_ times PRN NR

# FarrowWrap® Off-The-Shelf Arm

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



FarrowWrap® OTS Arm		Small	Medium	Large
(G) axilla circumference		22 – 31 cm	29 – 39 cm	32 – 45 cm
(E) elbow crease circumference		20 – 27 cm	25 – 34 cm	30 – 40 cm
(C) wrist crease circumference		14 – 18 cm	16 – 21 cm	19 – 25 cm
(C-G) Short – 42 cm	Qty			
(C-G) Regular – 46 cm	Qty			
(C-G) Long – 50 cm	Qty			

Options	
<b>SIDE</b>	✓
Left	
Right	
<b>Color</b>	✓
Tan	
Black	

**Left or Right must be selected in the “Options” box.  
 Liners will not be issued with this garment.**

*If no color is selected, Tan is the default option.*

## Directions for the Off-The-Shelf Arm

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**.

For length, measure from the outside flexor surface of the wrist to the axilla with a slight bend in the arm. Measure circumference at the wrist, elbow crease and axilla. Compare measurements to the size chart to determine correct size. All circumference measurements must correspond to one off-the-shelf size in order for the garment to fit. This garment can be donned and doffed with one hand. **Liners will not be issued with this garment.**

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