



# 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

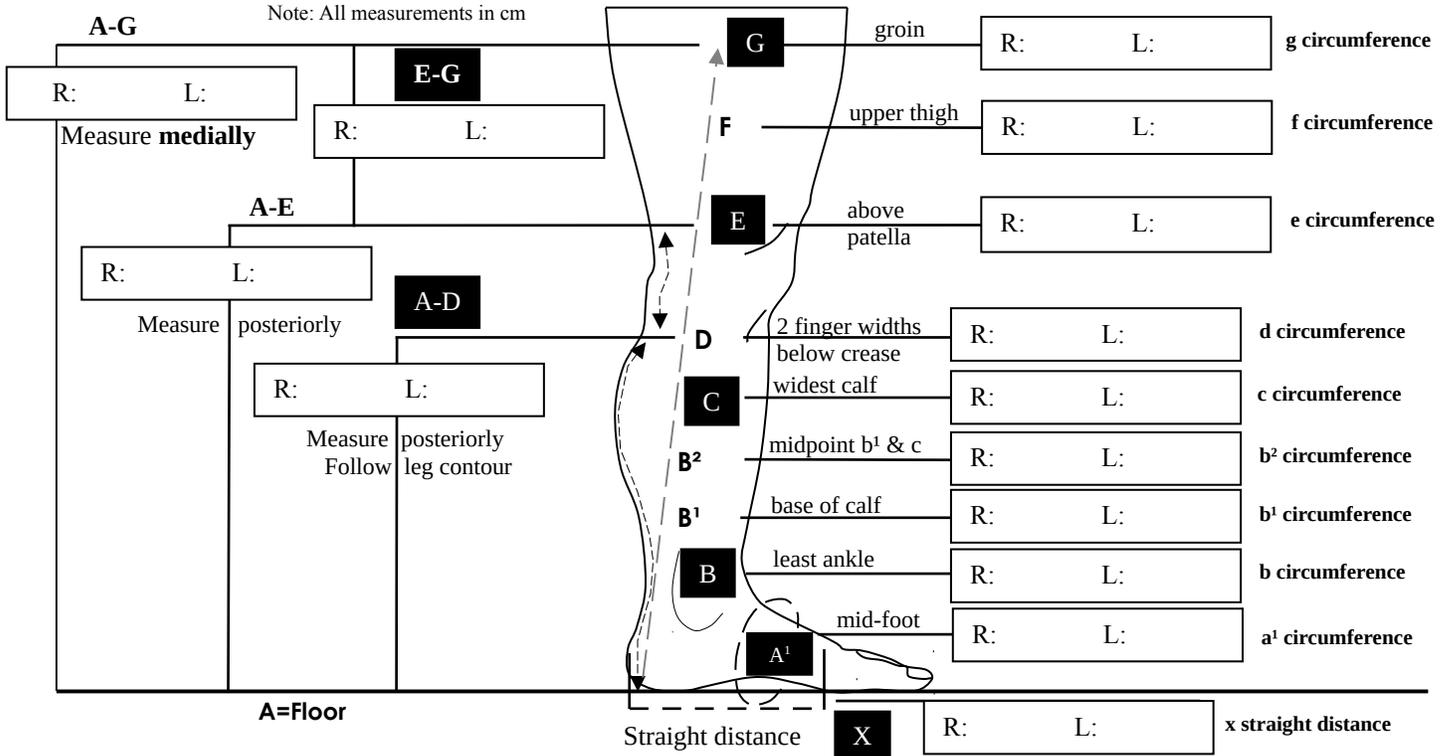
Refill: \_\_\_\_\_ times PRN NR

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www.FarrowMed.com

Input your institution's contact information here

# FarrowWrap® Thigh High OTS and Custom Order Form

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



OTS Components		Thighpiece (Only comes with wrap-around kneepiece)									
		XSmall	Qty	Small	Qty	Medium	Qty	Large	Qty	XLarge	Qty
(G) Groin		60-70 cm		65-75 cm		70-80 cm		75-90 cm		85-100 cm	
(E) Above Knee		47-52 cm		53-59 cm		60-66 cm		67-73 cm		74-80 cm	
(E-G) Short	FW_-O-TS	18 cm		18 cm		18 cm		18 cm		18 cm	
(E-G) Regular	FW_-O-TR	23 cm		23 cm		23 cm		23 cm		23 cm	
(E-G) Tall	FW_-O-TT	29 cm		29 cm		29 cm		29 cm		29 cm	
		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	FW_-O-LR	35 cm		37 cm		39 cm		41 cm		41 cm	
(B-D)		28 cm		30 cm		31 cm		33 cm		33 cm	
(A-D) Tall	FW_-O-LT	40 cm		42 cm		44 cm		46 cm		46 cm	
(B-D)		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	

Use Nonstandard Liner Option (see liner form)

When a footpiece, legpiece and thighpiece are purchased together, 1 pair of **standard** liners are included automatically free. Other liners may cost extra. See liner form & pricing for details.

Custom Component	Thighpiece	Wrap-around Standard	Legpiece	FW_-C-L	Footpiece	FW_-C-F	Extend footpiece length to base of toes
Quantity	Right:	Left:	Right:	Left:	Right:	Left:	L R BL:

## Directions for Thigh 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 about a 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 or STRONG. Classic and STRONG 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 is represented by a “\_” which represents either a “CL” for Classic, “LT” for LITE or “ST” for STRONG. The appropriate sku number can be crossreferenced with the Pricing Schedule to calculate the price.

Only circumferences at points **A**, **B**, **C**, **E**, & **G** and length measurements **X**, **A-D**, & **E-G** are necessary to determine if the patient can fit into an **OTS (Off-The-Shelf or ready-made)** garment. Please note that the **E-G** length measurement, used to determine the length for an OTS thighpiece, can be measured directly (for an OTS garment) or determined by subtracting (A-E) from (A-G), both of which are necessary for a custom thigh high garment. Furthermore, all length measurements are measured along the posterior contour of the leg except A-G, which is measured from the posterior heel/floor intersection to the medial groin, and following contours around any lobes. If any lobes are present, drawings and/or pictures (with the patient's permission) will help. Follow these instructions on how to properly measure.

### FarrowWrap® Thighpiece

1. Obtain the following 3 measurements:
  - d. Upper thigh circumference (at **G**), just below the groin.
  - e. Distal thigh circumference (at **E**), right above the knee.
  - f. Length of thigh from just above the knee joint to the groin. Measure medially. **E-G**.
2. Now, match the OTS upper and distal thigh circumferences to a respective size. If the upper thigh AND distal thigh circumferences do not both match a single size, or if the patient has a large lobule, then a custom thighpiece is necessary along with all measurements.
3. If the circumferences do match an OTS size, then compare **E-G** to the OTS short, regular, and tall length measurements. If **E-G** falls within 2 centimeters of one these lengths, then in the space next to the appropriate OTS length enter the number of thighpieces you would like in that given size. If the measured length is not within 2 centimeters of any of these lengths, a custom thighpiece is highly recommended along with all associated measurements. Enter the number of thighpieces desired.
4. All OTS thighpieces come with wrap-around kneepieces, which is a LITE short-stretch wrap attached to the distal thighpiece. Custom thighpieces come with a wrap-around kneepiece or a standard kneepiece. See our catalog for descriptions. If choosing a custom thighpiece, check the custom thigh sku with the kneepiece you desire, FW\_-C-TWA for wrap-around and FW\_-C-TST for standard.
5. We recommend biker's shorts or GarmentGrip™ to help hold thigh pieces in place on problematic patients.

### FarrowWrap® Legpiece and Footpiece

1. See FarrowWrap® A-D (Knee High) Order Form Instructions

### Note

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

### Liner Options

All AG garments (footpiece/legpiece/thighpiece combinations only) will be issued a free pair of TG® Soft AG Liners automatically. To order additional liners, please use the “Liners Order From” section. We recommend at least 2 pairs of liners per extremity. TG® Soft Liners come in 3 circumferences, S <40cm, M 40-70 cm, & L 70-125 cm.

### Other Options

Hook Stays can be used to help prevent FarrowWrap® legpieces from sliding on highly triangular legs and can be easily attached to the garment. Stays are available in small (16 cm length), medium (21 cm length), and large (27 cm length).