

# PRESCRIPTION

SIGVARIS

Patient \_\_\_\_\_ Date \_\_\_\_\_







Diagnosis \_\_\_\_\_

Physician  
Signature \_\_\_\_\_ Phone \_\_\_\_\_

License  
Number \_\_\_\_\_

<b>Compression:</b>	<b>Products (please circle):</b>
<input type="radio"/> 20-30 mmHg	Cotton • Select Comfort • Truly Transparent • Cushioned Cotton • EverSheer • Soft Opaque • Merino Wool • Allure • Advance Armsleeve
<input type="radio"/> 30-40 mmHg	Cotton • Select Comfort • Truly Transparent • Natural Rubber • EverSheer • Soft Opaque • Advance Armsleeve
<input type="radio"/> 40-50 mmHg	Natural Rubber
<input type="radio"/> 50-60 mmHg	Natural Rubber

**No Substitution** *Number of Pairs* \_\_\_\_\_ *Number of Refills* \_\_\_\_\_

<b>Style:</b>					
					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calf	Thigh	Pantyhose	Thigh with waist attachment (left • right)	Maternity Pantyhose	Armsleeve

*Please see reverse side for indications*

### Donning Devices:

- |   |   |   |  |
|---|---|---|--|
| <input type="radio"/> Rubber Gloves     | <input type="radio"/> S.O.S. (Slip On SIGVARIS) | <input type="radio"/> Easy Slide        | <input type="radio"/> SIGVARIS Doff'n Donner |
| <input type="radio"/> UlceRx Underliner | <input type="radio"/> Cornu-Thenard Extensor    | <input type="radio"/> Latex-free gloves | <input type="radio"/> Skin & Foot Cream      |

## GRADUATED COMPRESSION CHART

Symptoms/Indications	Compression strength at the ankle (mmHg)
<b>CEAP 0/A:</b> <ul style="list-style-type: none"> <li>• Extended standing or sitting (travel)</li> <li>• Prophylaxis (pregnancy, risk factors)</li> </ul>	<b>15-20 mmHg</b>
<b>CEAP 1/S:</b> <ul style="list-style-type: none"> <li>• Heavy, fatigued, tired legs</li> </ul>	
<b>CEAP 1/S:</b> <ul style="list-style-type: none"> <li>• Painful, fatigued and aching legs</li> <li>• Spider veins/mild edema (due to pregnancy, age, travelling, etc.)</li> <li>• Post sclerotherapy of small veins</li> </ul>	
<b>CEAP 2/S:</b> <ul style="list-style-type: none"> <li>• Mild to moderate varicose veins</li> <li>• Elective surgery (sclerotherapy, phlebectomy, vein stripping, orthopaedics)</li> <li>• Orthostatis/Postural hypotension</li> </ul>	<b>20-30 mmHg</b>
<b>CEAP 3/S:</b> <ul style="list-style-type: none"> <li>• Moderate/severe edema (pregnancy, risk factors)</li> <li>• Surgery (orthopaedics, post fracture, traumatic edema, sclerotherapy, phlebectomy, vein stripping)</li> </ul>	
<b>CEAP 4/S:</b> <ul style="list-style-type: none"> <li>• Skin changes without ulceration</li> <li>• Superficial Phlebitis (red, painful)</li> <li>• Deep Vein Thrombosis/ Post Thrombotic Syndrome</li> </ul>	<b>30-40 mmHg</b>
<b>CEAP 5/S:</b> <ul style="list-style-type: none"> <li>• Skin changes with healed ulceration</li> </ul>	
<b>CEAP 6/S:</b> <ul style="list-style-type: none"> <li>• Skin changes with active ulceration</li> </ul>	
<b>CEAP 4/S:</b> <ul style="list-style-type: none"> <li>• Severe Deep Vein Thrombosis/Post Thrombotic Syndrome</li> </ul>	
<b>CEAP 5/S:</b> <ul style="list-style-type: none"> <li>• Severe skin changes with healed ulceration (recurrent)</li> </ul>	<b>40-50 or 50-60 mmHg</b>
<b>CEAP 6/S:</b> <ul style="list-style-type: none"> <li>• Severe skin changes with active ulceration</li> </ul>	

CONTRAINDICATIONS	CAUTION
<ul style="list-style-type: none"> <li>• Arterial insufficiency, intermittent claudication, ischemia</li> <li>• Uncontrolled congestive heart failure</li> <li>• Acute dermatitis, weeping dermatosis, cutaneous sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of infection</li> <li>• Extensive venous ulceration</li> <li>• Skin sensitivities or allergies</li> <li>• Neuropathy</li> <li>• History of diabetes</li> <li>• Confinement to bed or non-ambulatory use unless otherwise prescribed by the physician</li> </ul>

No liability accepted for non-observance of contra-indications and cautions.

**www.sigvaris.ca**  
 Tel. **1.800.363.4999** Fax **1.800.263.8736**  
 Order on line at: **<http://www.sigvaris.us/b2b>**