

Rx FORM

PROVIDER INFORMATION

Name:

NPI #:

Phone:

PATIENT INFORMATION

Name:

DOB: (MM/DD/YYYY)

Gender: Female Male

PRODUCT INFORMATION

Please check the conditions that apply to the patient:

Diagnosis Code: Primary lymphedema – Q82.0 Secondary lymphedema – I89.0 Venous insufficiency – I87.2

Other:

Product Codes: Aria Free™ Pneumatic Compression Device – E0651, E0667

Frequency of use:

Length of need: 99 months (lifetime) Other:

Extremity: Leg

Notes:

Use of pneumatic compression may be contradicted in some patients with the following pre-existing conditions: Congestive heart failure; Any condition where increased lymphatic and venous return is undesirable.

DO NOT SUBSTITUTE

Physician Signature

Date

PLEASE FAX SIGNED REFERRAL FORM TO ARIA HEALTH AT: (855) 943-3326 Hours: Mon–Fri (7am - 3pm PST)