

PRESCRIPTION

SIGVARIS

Patient _____ Date _____







Diagnosis _____

Physician
Signature _____ Phone _____

License
Number _____

Compression:	Products (please circle):
<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* _____

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

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

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>**