

For any questions or help filling out your order form please call

Phone Number: 1-833-VIVO-DME / 1-833-848-6363

VIVO.DME@Northwell.edu

Date: _____

Locations

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Long Island Jewish Medical Center | <input type="checkbox"/> Lenox Hill Hospital | <input type="checkbox"/> 410 Lakeville Road | <input type="checkbox"/> MEETH |
| <input type="checkbox"/> North Shore University Hospital | <input type="checkbox"/> South Shore University Hospital | <input type="checkbox"/> Hillside Hospital | <input type="checkbox"/> Staten Island University Hospital |
| <input type="checkbox"/> Center for Advanced Medicine (CFAM) | <input type="checkbox"/> Other Location: _____ | | |

Customer Information

NAME _____ DATE OF BIRTH (required) ____/____/____ VIVO HEALTH INSURANCE ID # _____

ADDRESS (Please include Apt #) _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER (required) _____ EMAIL ADDRESS (required) _____

To ensure a proper fit, please include SHOE SIZE _____ HEIGHT _____ WEIGHT _____ Female Male

DIAGNOSIS: REQUIRED

Prescriber Name _____ Address _____

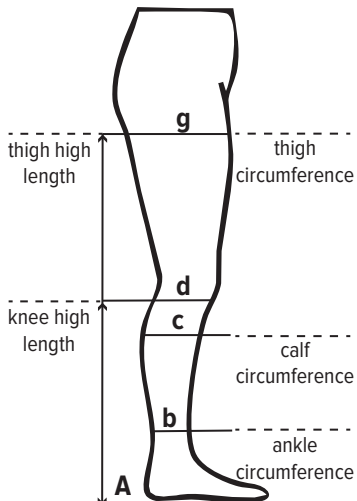
Prescriber Signature _____ Date _____ NPI # (Required) _____

Prescriber Phone # _____

- | | |
|---|--|
| <input type="checkbox"/> (I83.10) Varicose veins of unspecified lower extremity with inflammation | <input type="checkbox"/> (I83.93) Asymptomatic varicose veins of bilateral lower extremities |
| <input type="checkbox"/> (I83.813) Varicose veins of bilateral lower extremities with pain | <input type="checkbox"/> (I87.2) Venous Insufficiency (chronic) (peripheral) |
| <input type="checkbox"/> (I83.819) Varicose veins of unspecified lower extremities with pain | <input type="checkbox"/> (M79.669) Pain in unspecified lower leg |
| <input type="checkbox"/> (I83.90) Asymptomatic varicose veins of unspecified lower extremity | <input type="checkbox"/> (R60.9) Edema Unspecified |
| <input type="checkbox"/> Other Diagnosis _____ | |

COMPRESSION STOCKING PRESCRIBED AS INDICATED AS BELOW

NOTE: Number of Pairs subject to change and or ship in separate shipment due to insurance limitations.



Juzo Compression Stockings, Socks & Pantyhose		AD (Knee High)	AG (Thigh High)	AT (Pantyhose)
Compression:		<input type="checkbox"/> 15-20 mmHg	<input type="checkbox"/> 20-30 mmHg	
Juzo Model	Style	Foot	Color	
Juzo Soft (opaque) QTY _____ Pairs	<input type="checkbox"/> AD <input type="checkbox"/> AG <input type="checkbox"/> AT	<input type="checkbox"/> Full Foot <input type="checkbox"/> Open Toe	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Trend _____	
Naturally Sheer (sheer) QTY _____ Pairs	<input type="checkbox"/> AD <input type="checkbox"/> AG <input type="checkbox"/> AT	<input type="checkbox"/> Full Foot <input type="checkbox"/> Open Toe	<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Trend _____	
Power Comfort Sock QTY _____ Pairs	<input type="checkbox"/> AD	<input type="checkbox"/> Full Foot	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Heather Gray	
Power Vibe QTY _____ Pairs	<input type="checkbox"/> AD	<input type="checkbox"/> Full Foot	<input type="checkbox"/> Black <input type="checkbox"/> Groovy Zebra <input type="checkbox"/> Cool Dot <input type="checkbox"/> Super Stripe	
Power RX QTY _____ Pairs	<input type="checkbox"/> AD	<input type="checkbox"/> Full Foot	<input type="checkbox"/> Black <input type="checkbox"/> White	
Dynamic Cotton Sock QTY _____ Pairs	<input type="checkbox"/> AD	<input type="checkbox"/> Full Foot	<input type="checkbox"/> Black <input type="checkbox"/> Navy	