

Patient Information

Patient's Name: _____

Address: _____

Date of Birth: _____

Phone: _____

 Patient is currently pregnant Patient is postpartum EDD / Baby's DOB _____

Physician's Information

By my signature below, I confirm that I am treating the patient and that the above-named patient requires the use of the items that are listed below. All the information contained on this form accurately reflects the patient's needs. The patient/caregiver can follow instructions and can use the ordered product. For insurance requirements, I will maintain the signed original document in the patient's medical record file for post-payment review purposes.

Physician's Name: _____

Office Stamp: _____

Dr. License #: _____

Doctor's Signature: _____

NPI #: _____

Practice Phone Number: _____

Compression Stockings

Medical Necessity: The patient has symptomatic varicose veins causing leg pain and swelling that interfere with daily activities, requiring medically necessary compression stockings for relief and to prevent complications.

Class I 18-30 mmhg Thigh High
 Class II 30-40 mmhg Pantyhose
 Knee High

Diagnosis Codes - Please check off the appropriate code

O22.00 - Varicose veins / Pregnancy
 I83.93 - Asymptomatic varicose of bilateral lower extremities

Other Diagnoses: _____

Quantity: _____

Refills: _____

Blood Pressure Monitor

Patient is under my care and is in need of an at home blood pressure monitor to aid in managing pre-eclampsia or high blood pressure.

O16.9 - Unspecified maternal hypertension unspc trimester
 O14.90 - Unspecified pre-eclampsia

Breast Pumps

Patient is currently breastfeeding / intends to breastfeed after delivery / mom infant separation due to: Nicu/Work/School

E0603 - Breast Pump
 E0602 - hand Pump
 A4287 - Breast Milk Bags (200CT) Bags - Up to 12 Months Supply – As Needed

Diagnosis Code: Z39.1

Postpartum Support Garment

Patient is postpartum / or in need of a support garment to aid in recovery post-delivery or c-section

M40.57 - Lordosis, unspecified, lumbosacral region
 R10.20 - Pelvic joint pain

Other Diagnoses: _____

Quantity: _____

Lumbar / Sacral / Pelvic Support

Maternity Support Belt

Patient is in need of rigid support garment to reduce pain by restricting mobility of trunk or adding support to pelvic floor.

Rigid / Flexible, Anterior/Posterior Support garment, L1-L5 Vertebra, Sagittal Control, Abdomen Control, Reduce Load

Diagnosis Codes- Please check off the appropriate code

M40.57 Lordosis, unspecified, lumbosacral region
 M54.4 Lower back pain

Other Diagnoses: _____

Quantity: _____

Carpal Tunnel Brace

The patient is experiencing persistent pain, sensory loss, and paresthesia in the median nerve distribution secondary to carpal tunnel syndrome, and a wrist brace is medically necessary to immobilize the wrist in a neutral position, thereby alleviating pressure on the median nerve and reducing symptoms.

Diagnosis Code: G56.00

 LT RT

Confidentiality/HIPAA Notice: This communication, including any attachments, is for the exclusive use of Comfit Surgical or the entity to which it is addressed and may contain confidential, proprietary, and/or privileged information. Any review, transmission, dissemination, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please notify the sender and immediately destroy this transmission.

You may fax or email the prescription for quicker processing. Your order will be shipped as soon as insurance approval is obtained.

Call & Text: +1 718-400-8370
Fax: 929-988-7008
Email: info@comfitinc.com

Location:
223 Lee Ave, Brooklyn, NY
11206