



800.361.3153
www.valco.ca

RX PHYSICIAN'S
PRESCRIPTION

Graduated Medical Compression Stockings

Date: _____

Patient Name: _____

Diagnosis: _____

Physician Signature: _____ (Dispense as written)
no substitution

Practice #: _____ Dispense Quantity : _____ Rep : _____

Please indicate Compression and Style for Compression garment.

RX COMPRESSION (select one)

- Preventive Class I: 20-30 mmHg Class II: 30-40 mmHg
 Anti-embolism (Non ambulatory) Class III: 40-50 mmHg Class IV: 50-60 mmHg




NON ELASTIC COMPRESSION

- CirCaid Juxtalite® Venous Maternity Belt
 CirCaid Juxtafit® Lymphoedema

PNEUMATIC COMPRESSION

- 3 - 4 8 12
 Venous Lymphoedema

(select one style from chart)

STYLE					
	Calf	Thigh	Panty	Lymphoedema sleeve	Glove
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right

Dealer :

NATURAL STEPS
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