

AMBRAD-CHALELA

Tri-Cities Vein and Vascular Institute

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physician's Rx

Patient Name _____ Date _____

Diagnosis _____

Prognosis _____

Measured Ready-to-Wear

Therapeutic: 15-20 mmHg

Medical: 20-30 mmHg 30-40 mmHg 40-50 mmHg

Ulcer kit

Custom-Made

Medical: 20-30 mmHG 30-40 mmHG 40-50 mmHG

Style

calf <input type="checkbox"/>	thigh <input type="checkbox"/>	thigh w/ waist att. <input type="checkbox"/> L <input type="checkbox"/> R	panty <input type="checkbox"/>	maternity panty <input type="checkbox"/>	mens leotard <input type="checkbox"/>	armsleeve <input type="checkbox"/> L <input type="checkbox"/> R	glove <input type="checkbox"/> L <input type="checkbox"/> R	gauntlet <input type="checkbox"/> L <input type="checkbox"/> R

Special Products

2 in 1 donning/doffing aid <input type="checkbox"/>	leg butler donning aid <input type="checkbox"/>	arm butler donning aid <input type="checkbox"/>	butler off doffing aid <input type="checkbox"/>
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Physicians Signature _____

(Do Not Substitute)

Printed Name _____

Phone _____ Qty _____ Refills _____ Durations _____

P0402 REV8

