

Prescription Form

Date _____

Prescriptions for upper body compression and diagnosis of lymphedema in the surgical quadrant.



Wear Ease, Inc.
5491 W Kendall St.
Boise, ID 83706
866.251.0076
www.wearease.com

TOPS



Name	Compression T	Slimmer	Katy T	Crisscross Shaper	Taylor T	Ava Compression Camisole	Compression Camisole	Compression Bodysuit
Style #	915	910	918	970	914	911	912	1000
Shoulder	•		•		•			•
Underarm (axilla)	•	•	•	•	•	•	•	•
Arm			•		•			•
Breast/Chest	•	•	•		•	•	•	•
Upper Back	•	•	•	•	•	•	•	•
Back	•	•	•	•	•	•	•	•
Abdomen	•	•	•	•	•	•	•	•



Name	Ellen Comp. Bodysuit	Sydney Bra	Crop Top	Compression Bra	Compression Vest	Torso Comp. Vest	Torso Comp. Vest	Andrea Shirt
Style #	1020	780	785	790, 791, 792	796, 797	950	951	960, 962
Shoulder			•					•
Underarm (axilla)	•	•	•	•	•	•	•	•
Breast/Chest	•		•	•	•	•	•	•
Upper Back	•	•	•	•	•	•	•	•
Back	•					•	•	•
Abdomen	•					•	•	•
Hips						•	•	•

Patient Name _____ Date of Birth _____

Dr's Name _____ Dr's Sig _____ NPI# _____

(Dx) _____ Written Description: _____



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BOTTOMS



Name	Compression Capri	Compression Short	Short Comp. Capri	High Waist Comp. Short	High Waist Comp. Capri
Style #	611	612	613	614	615
Abdomen	•	•	•	•	•
Hips	•	•	•	•	•
Buttocks	•	•	•	•	•
Thighs	•	•	•	•	•
Calves	•		•		•

MEN'S



Name	Chest Comp. Vest	Torso Comp. Vest	Torso Comp. Vest	Andrew Shirt	Eric Shirt
Style #	798, 799	953	954	961, 963	916
Shoulder					•
Underarm (axilla)	•	•	•	•	•
Breast/Chest	•	•	•	•	•
Upper Back	•	•	•	•	•
Back		•	•	•	•
Abdomen		•	•	•	•
Hips		•	•	•	

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