

Compression Garment Referral Form

PROVIDER	Date	MONTH	D <i>A</i>	Y		YEAR	
	Name						
	Location	IF APPLICABLE					
PATIENT	Last Name						
	First Name						
	Date of Birth	IF APPLICABLE					
	Prescription #	Patient - Attach Prescription for Insurance Eligibility					
	Diagnosis	197.2 POSTMASTECTOMY LYMPHEDEMA SYNDROME Q82.0 HEREDITARY LYMPHEDEMA 189.0 LYMPHEDEMA NOT ELSEWHERE CLASSIFIED 197.89 OTHER POSTPROCEDURAL COMPLICATIONS & DISORDERS OF THE CIRCULATORY SYSTEM, NOT ELSEWHERE CLASSIFIED					
Hugger REFERRAL	HuggerPRIMA	DAY NIGHT BOTH	QUANTITY: 1 2 3	PrimaEXTENDER	SIZE		
	HuggerVIDA	DAY NIGHT BOTH	QUANTITY: 1 2 3	VidaEXTENDER	SIZE		
	HuggerLUMA	DAY NIGHT BOTH	QUANTITY: 1 2 3		SIZE		
	HuggerARIA	DAY NIGHT BOTH	QUANTITY: 1 2 3		SIZE		
	Reason for Garment	NEW REQUEST CHANGE IN MEDICAL OR PHYSICAL CONDITION WORN OUT DUE TO NORMAL WEAR AND TEAR DUE TO LOSS, THEFT OR IRREPARABLE DAMAGE ACCESSORIES NEEDED - REASON IN NOTES SECTION REQUIRED					
	Notes						
Send with Patient or to applicable facility for garment purchase and insurance coordination.							

Hugger FIT CHART

BAND (IN)	BAND (CM)	HUGGER	EXTENDER PRIMA & VIDA only
26-28	66-71	xs	
30-32	76-81	S	М
34-36	86-91	М	М
38-40	96-102	L	L
42-44	107-112	XL	L
46-48	117-122	2XL	L
50-52	127-132	3XL ARIA ONLY	L



Just one measurement!

FIT TIPS



HuggerPRIMA: upsize one size. All other Above the chest Huggers: downsize



DD cup or higher? HuggerPRIMA & LUMA: upsize one size.

In between sizes?



Add an

Need Flexibility? + Add an extender

to flex your fit & size up your HuggerPRIMA & VIDA by one size.





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