



Althea's Footwear Solutions  
 1932 Broadway  
 Everett, WA. 98201  
 Phone: (425) 303-0108  
 Fax: (425) 303-2539  
[www.altheas.net](http://www.altheas.net)

Althea's Footwear Solutions  
 7501 Custer Road West  
 Lakewood, WA 98499  
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➔ A VALID RX MUST HAVE ALL AREAS COMPLETE ➔

Patient Name: _____	D.O.B: _____
Phone: _____	

RX Start Date: \_\_\_\_\_

<b>Date:</b> _____	<b>DX:</b> _____
<b><u>TYPE</u></b> (select one) <input type="checkbox"/> Ready-to-Wear Stocking <input type="checkbox"/> Custom Stocking	<b><u>RX COMPRESSION</u></b> (select one) <input type="checkbox"/> <b>Class I</b> (20-30 mmHg) <input type="checkbox"/> <b>Class II</b> (30-40 mmHg) <input type="checkbox"/> <b>Class III</b> (40-50 mmHg)
<b><u>THERAPEUTIC SUPPORT</u></b> <input type="checkbox"/> 16-20 mmHg <b><u>QUANTITY:</u></b> <input type="checkbox"/> 1 Pair <input type="checkbox"/> 2 Pair <input type="checkbox"/> Other: _____ <b><u>LENGTH OF NEED:</u></b> _____ YEARS / MONTHS <small>(CIRCLE ONE)</small>	<b><u>STYLE</u></b> (select one style from chart below) <input type="checkbox"/> Calf/Knee <input type="checkbox"/> Thigh <input type="checkbox"/> Panty Hose <input type="checkbox"/> Maternity <input type="checkbox"/> Lymph Sleeve Right <input type="checkbox"/> Lymph Sleeve Left
_____ <b>Physician's Signature</b> _____ <b>Physician's Printed Name</b> _____ <b>Physician's NPI</b>	<b><u>Practice Address (address stamp o.k.):</u></b> _____ _____ _____

*More than 'custom' fit. Unique. Like you.  
 In Lakewood and Everett, Washington*