



FAX COVER SHEET

TO: Compression Care **FROM:**
FAX: (615) 807-3334 **EMAIL:**
PHONE: (615) 583-2273 **PHONE:**
DATE: **# OF PAGES:**
SUBJECT: Benefits Check or Garment Order (Circle One)

24-Hour Benefit Check Checklist:

- Demographics Sheet (Face Sheet)
- Patient Insurance Information (Copy of Insurance Card is Best)

Full Referral Additional Information:

- Plan of Care Notes
 - Office Notes
 - Additional Instructions
 - Garment Measurement Form
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Notes

**You May Also E-Mail this Information to:
Referrals@CompressionCare.com**