



We're so swell - you don't have to be Compression wear it counts.

Specialists in Venous & Lymphatic Insufficiencies

LUNA MEDICAL, INC. · 1816 WEST BELMONT AVENUE, SUITE 1, CHICAGO, IL 60657

PHONE (800) 380-4339 · FAX (888) 696-0299 · WWW.LUNAMEDICAL.COM · INFO@LUNAMEDICAL.COM

ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

FAX COVER SHEET

NEW PATIENT REFERRAL/REQUEST FOR INSURANCE BENEFITS

Date: _____ Number of pages: _____ (including cover sheet)

To:	Luna Medical, Inc.	From:	(First name, Last name)
Attn:	Patient Referrals Dept.	Clinic:	
Phone#:	1-800-380-4339	Phone#:	(xxx-xxx-xxxx)
Fax#:	1-888-696-0299	Fax#:	(xxx-xxx-xxxx)

Patient Name: _____

ALL REFERRAL FORMS AND MEASURING FORMS CAN BE ACCESSED ON OUR WEBSITE AT www.lunamedical.com THESE MEASUREMENT FORMS ARE CONTINUALLY UPDATED SO YOU KNOW WHAT PRODUCTS AND PRODUCT OPTIONS ARE AVAILABLE FROM EACH MANUFACTURER.

***ANTICIPATED MEDICAL PRODUCTS (PLEASE CIRCLE):**

ELASTIC SUPPORT: JUZO JOBST LYMPHEDIVAS MEDI SIGVARIS SOLARIS

NON-ELASTIC SUPPORT: BIACARE CIRCAID FARROW JOVI REIDSLEEVE SOLARIS

*Luna Medical will obtain a Certificate of Medical Necessity (prescription) for all products requested

CHECKLIST:

- Patient Data Form OR copy of Patient Face Sheet from your clinic
*Please note name of REFERRING DOCTOR and BEST CONTACT NUMBER FOR PATIENT
- Notice of Privacy Practices Form
- Clinical History Form
- Measurement Form(s) for product(s) ordered

Special Requests/Comments: _____

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