



COMPRESSION DELIVERY TICKET

PATIENT INFORMATION

Name		Phone	
Address			
City		State	Zip
Email			
Date of Birth (MM/DD/YYYY)			
Comments			
PROVIDER PLEASE ATTACH A COPY OF HOME ENVIRONMENTAL ASSESSMENT TO THIS DELIVERY TICKET AND ATTACH TO PATIENT RECORD			

DELIVERY DETAILS

Product Description	Manufacturer/Style	Size/Color	Qty	Received	Inspected
Compression Pump (E0651)	Bio Compression	SC-4004-DL			
Compression Pump (E0652)	Bio Compression	SC-4008-DL			
Arm Garment (E0668)	Bio Compression				
Arm & Chest Garment (E0668/E0657)	Bio Compression				
Bilateral Arms & Chest Garment (E0668/E0657)	Bio Compression				
Full Leg Garment (E0667)	Bio Compression				
Abdominal & Leg Garment (E0656/E0667)	Bio Compression				
Pants Garment (E0656/E0667/E0670)	Bio Compression				

Notice of HIPAA Privacy Practices: I hereby acknowledge that I have received or been offered and refused a copy of the Provider’s HIPAA privacy policy.

Authorization to Assign Benefits to Provider: I hereby request payment of my carrier be made on my behalf to Some Other Company, Inc DBA Pretty In Pink Boutique for products and services that are provided to me. I authorize the holder of medical information about me to release it to Health Care Financing Administration and to its agents as the information is needed to determine these benefits payable for related services.

▶ Patient Signature	Date
Patient Representative (If Patient Unable to Sign)	Relationship

Provider: Some Other Company, Inc DBA Pretty In Pink Boutique 3343 Aspen Grove Dr Ste 220 Franklin TN 37067

▶ Provider Signature	Date
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