NEW BIO COMPRESSION CLIENT FORM

Client Name:		
Date:		
Client Pho	ne Nu	imber:
Email:		
Which garı	ment	is needed?
Which pun	np is r	needed?
*Pump model SC-4008-DL from Bio Compression is the only pumps approved by SAIL and eligible for their \$4,000 grant.		
Do you want us to give you a quote for you to submit to your insurance? YES / NO		
* Precise quotes can only be given after a measurement appointment and are only valid for 30 days.		
* Jolly's does not direct bill to third party insurance companies.		
Things required prior to ordering:		
Doctor's prescription.		
□ Letter of approval from SAIL for their grant (if applicable).		
1. Questions to ask your doctor or therapist:		
	a.	What compression level does the pump need to be programmed at? mmHg
	b.	Is there an <u>upper level</u> compression number for the pump setting that is acceptable for the patient?
		mmhg
	c.	What is the length of therapy time that is needed in each session? minutes
		Is pre-therapy mode required? YES / NO
		Note: Pre-therapy adds ten (10) minutes prior to therapy starting.

- 2. A measurement form for the garment must be filled out. Please make an appointment to come into Jolly's and we will measure you. Measurements must be taken by a Jolly's staff member or another certified fitter.
- 3. Jolly's requires a payment in full for the pump (minus any grant money provided from the government) and garment <u>before</u> ordering.

*Please note that standard fit garments normally arrive in 10-15 business days (most people fit into these garments). Custom fit garments usually take up to 4 weeks to arrive and are an additional charge.

*Also note that all Bio Compression items are special order items, and therefore are final sale. Orders cannot be cancelled after they have been ordered.

<u>Please email, fax, or drop off this form and required documents</u> and we will get back to you within one business day.

Email: orders@jollysmedical.ca Fax: 306.525.2560 Phone: 306.522.3833 120 Victoria Avenue, Regina, SK, S4N 0P3

