

|                       |            |                           |         |
|-----------------------|------------|---------------------------|---------|
| Applicant's Last Name | First Name | Health Number (10 digits) | Version |
|-----------------------|------------|---------------------------|---------|

### Upper Extremity

|   |  |   |
|---|--|---|
| Glove                                   | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |
| Gauntlet                                | <input checked="" type="checkbox"/> Left | <input type="checkbox"/> Right            |
| Arm Sleeve – ½                          | <input checked="" type="checkbox"/> Left | <input type="checkbox"/> Right            |
| Arm Sleeve – ½ with glove               | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |
| Arm Sleeve – full                       | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |
| Arm Sleeve – full with glove            | <input checked="" type="checkbox"/> Left | <input type="checkbox"/> Right            |
| Arm Sleeve – with shoulder flap         | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |
| Arm Sleeve - with shoulder flap & glove | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |

### Compression Sleeves

|                   |  |   |   |
|-------------------|--|---|---|
| Upper Extremity   | <input checked="" type="checkbox"/> Left | <input type="checkbox"/> Right            | <input checked="" type="checkbox"/> Gauge |
| Glove             | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |   |
| Lower Extremity   | <input type="checkbox"/> Left            | <input checked="" type="checkbox"/> Right |   |
| Lower ½ Extremity | <input checked="" type="checkbox"/> Left | <input type="checkbox"/> Right            |   |

### Sequential Extremity Pumps & Accessories

☐ Sequential Extremity Pump
 ☐ Medical Overlapping Pants
 ☐ Accessories

### Reason for Application (check one) (to be completed by Authorizer)

☐ First access to ADP for Lymphedema Management Devices  
☒ Additional Devices/Options to other ADP Funded Lymphedema Management Devices  
☐ Replacement of Previously ADP Funded Lymphedema Management Devices

### Replacement Required Due To: (check as applicable) (to be completed by Authorizer)

☒ Change in medical condition  
☐ Physical Growth/Atrophy or tissue healing  
☐ Normal wear and applicant confirms that it is no longer under warranty

### Confirmation of Applicant's Eligibility for Lymphedema Management Garments/Sleeves (to be completed by Authorizer)

|   |   |                             |   |
|---|---|-----------------------------|---|
| 1. Applicant has chronic primary or secondary lymphedema and requires a graduated compression garment for a minimum of six (6) months of regular daily use.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 2. Applicant has chronic lymphedema and requires the use of a compression sleeve for longer than six (6) months of daily/nightly use, in conjunction with the use of graduated compression garments. Applicant's edema cannot be managed effectively with the use of nighttime bandaging. | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

### Confirmation of Applicant's Eligibility for Sequential Extremity Pumps/Accessories (to be completed by Authorizer)

|  |   |                             |   |
|--|---|-----------------------------|---|
| 3. Applicant has primary lymphedema.   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 4. Applicant requires the use of a Sequential Extremity Pump for a minimum of five (5) days per week and a minimum of two (2) hours per day. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |