

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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## Section 2 – Devices and Eligibility

**Diagnosis: (to be completed by Physician/Nurse Practitioner where applicable)**

☐ Hypertrophic Scarring

**Chronic Lymphedema**

☐ Primary ☐ Secondary

Surgical Procedure (if applicable)	Date of Surgery (yyyy/mm/dd)
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## Section 2a - Hypertrophic Scar Management Devices (to be completed by Authorizer)

**Device(s) Required:**

**Mask**

☐ Face Mask ☐ Chin Strap / Neck Support ☐ Accessories

**Trunk**

☐ Vest - sleeveless ☐ Vest - short sleeves ☐ Vest - two sleeves ☐ Chest Brace / Bolero  
☐ Body Brief - sleeves ☐ Body Brief - sleeveless ☐ Body Brief - legs ☐ Body Brief - legs & sleeves

☐ **Options - Garments**

☐ **Interim Care Garments**

**Lower Extremity**

Foot Gloves <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Stockings - waist high (two legs) <input type="checkbox"/> Stockings - chest high
Anklet / Sock <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Panty Girdle <input type="checkbox"/> Penile Support
Leg Tube <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Stockings - chaps style (two legs)
Stockings - knee length <input type="checkbox"/> Left <input type="checkbox"/> Right	
Stockings - thigh length <input type="checkbox"/> Left <input type="checkbox"/> Right	
Stockings - waist high (one leg) <input type="checkbox"/> Left <input type="checkbox"/> Right	
Stockings – chaps style (one leg) <input type="checkbox"/> Left <input type="checkbox"/> Right	

**Upper Extremity**

Mittens <input type="checkbox"/> Left <input type="checkbox"/> Right
Gauntlet <input type="checkbox"/> Left <input type="checkbox"/> Right
Glove <input type="checkbox"/> Left <input type="checkbox"/> Right
Finger Supports <input type="checkbox"/> Left <input type="checkbox"/> Right
Half Sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right
Sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right
Sleeve with shoulder flap <input type="checkbox"/> Left <input type="checkbox"/> Right