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

Upper Extremity

Glove	☑ Left	☐ Right
Gauntlet	☐ Left	☑ Right
Arm Sleeve – ½	☑ Left	☐ Right
Arm Sleeve – ½ with glove	☐ Left	☑ Right
Arm Sleeve – full	☑ Left	☐ Right
Arm Sleeve – full with glove	☑ Left	☐ Right
Arm Sleeve – with shoulder flap	☑ Left	☐ Right
Arm Sleeve - with shoulder flap & glove	☐ Left	☑ Right

Compression Sleeves

Upper Extremity	☐ Left	☑ Right	☑ Gauge
Glove	☑ Left	☐ Right	
Lower Extremity	☑ Left	☐ Right	
Lower ½ Extremity	☑ Left	☐ 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.	☐ Yes	☐ No	☑ 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.	☐ Yes	☑ No	☐ N/A

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

3. Applicant has primary lymphedema.	☑ Yes	☐ No	☐ 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.	☐ Yes	☐ No	☑ N/A