

# RENTAL REQUEST FORM: LX9 *(Sequential intermittent pneumatic compression)*

Email, fax or post this completed form to Medi-Rent and call us with payment details to complete your order.  
 For latest pricing visit [www.medirent.com.au](http://www.medirent.com.au)

## 1. ORDER DETAILS

Date Requested

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Required Delivery Date

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Clinician

-----

Phone No.

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1. Courier to:  (Fees apply)

Clinician's address

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## 2. PATIENT DETAILS

Patient

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DOB

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2. Courier to:  (Fees apply)

Patient's Address

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Email

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Home phone

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Mobile

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or 3. Home set-up Sydney Metro (Premium service fees apply)

## 3. BILLING INFORMATION

Who is paying?

Client

Hospital

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DVA File no. -----

Home Care Package Provider -----

NDIS Participant no. -----

Plan Manager -----

## LX9 REQUIREMENTS

Clinicians must complete this section for prescribed settings and garments and provide to your patients

### TREATMENT OPTIONS

Mode - A * Pre-Treatment	Pre-clearance runs for 6 cycles or 12 minutes approximately. Mode A then provides sequential inflation for the allocated treatment time set by the user on the device.	
Mode - B Classic Sequential	Fluid is moved sequentially, distally to proximally	
Mode - C Distal oedema	Four compressions on distal chamber before inflating sequentially	
Mode - D Wave	Garment fills two chambers at any one time in a wave formation, followed by classic sequential	
Pressure Range 10 - 140mmHg	Session Duration 5 - 90 minutes, or continuous	Cycle Speed 1 - 6 (slowest - fastest)

### PATIENT SETTINGS

MODE A

MODE C

MODE B

MODE D

Pressure: -----

Session duration: -----

Speed: -----

### GARMENTS

Our staff will determine sizing dependent on the measurements you fill out overleaf

Garment/s reqd:

One leg

Trunk

Two legs

Arm sleeve

## MEASUREMENTS

Measure your patient in relevant areas to determine sizing

### 1. LEG GARMENT

1a. Inner leg length - from groin to heel: ..... cm  
 This determines size of garment S/M/L.  
 (Only one measurement needed)

1b. Widest thigh circumference:  
 Left ..... cm      Right ..... cm

1c. Widest calf circumference:  
 Left ..... cm      Right ..... cm

### 2. TRUNK GARMENT

2. Widest abdominal circumference: ..... cm

### 3. ARM SLEEVE

3a. Widest upper arm circumference (from under armpit): ..... cm

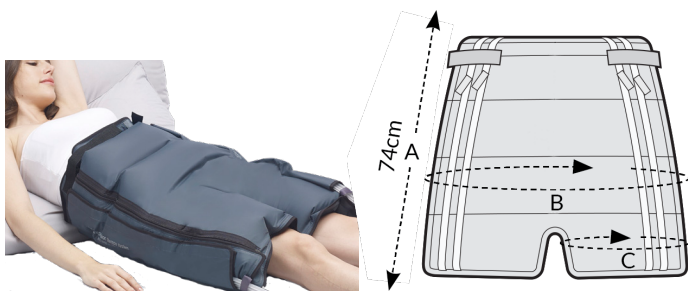
3b. Length of arm from armpit to fingertip: ..... cm

## 2. TRUNK GARMENT

One size with 3 built-in zippers

	B	C
Circumference on widest fitting*	133 cm	74 cm
+ 1 pair extensions	153 cm	84 cm
+ 2 pairs extensions	173 cm	94 cm
+ 3 pairs extensions	193 cm	104 cm

\* Three built-in zippers mean this garment can be made smaller than the measurements listed here

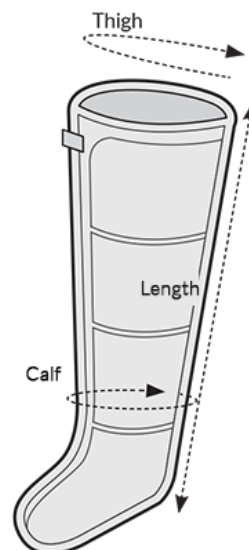


## 1. OVERLAPPING LEG GARMENT

Garment sizes come in S/M/L with circumference options of Standard/Wide/X-Wide. Medi-Rent customer service will determine the best size based on the measurements provided.

Largest sizes we can accommodate in LX9 leg garments:	
Leg length	89 cm
Thigh circumference	102 cm
Calf circumference	88 cm

If you have a leg measurement greater than one of the measurements above you may need to consider custom-made Biocompression leg garments. Please note these custom garments cannot be rented and use the Biocompression pump. See our Biocompression referral sheet.



## 3. ARM GARMENT

		Largest fitting
A	Widest upper arm circumference	60cm
B	Longest arm for full finger coverage	68cm

