



Date: ____/____/____ Patient Name: _____

Diagnosis: _____

Open Venous Ulcer? if yes, which leg? _____

Duration of Treatment: _____



Aero-Wrap Acute™

Venous Ulcer Total Care Monthly Kit

Compression Range

20-30 mmHg 30-40 mmHg 40-50 mmHg

Size: Small Medium Large Extra Large

of Months: _____

Aero-Wrap Acute™ Venous Ulcer Total Care Monthly Kit has been designed to provide exudate management and compression therapy for venous stasis ulcers. Each monthly kit contains:

- 2 Aero-Wrap Acute™ (for compression therapy)
- 1 AeroGauge™ with 3 compression ranges (20-30 mmHg, 30-40 mmHg, and 40-50 mmHg)
- 5 Weekly Multi-Layer Bandage Changes (for exudate management), each includes:
 - 1 Cotton Padding Bandage
 - 1 Short Stretch Conforming Bandage
 - 1 Comfort Stockinette

Please go to: www.Aero-Wrap.com to order and learn more.

If purchasing online, complete your checkout and send the completed prescription by email: orders@sun-scientific.com or fax: (866) 406-5215

Physician Signature: _____
DISPENSE AS WRITTEN

PRINT PHYSICIAN NAME (REQUIRED)

Address: _____

CITY _____ STATE _____ ZIP _____

License #: _____