



corecompassion[®]
— PROJECT —

Core Compassion Project Application for LymphedIVAs sleeve
(to be completed by lymphedema specialist or qualified medical professional)

Guidelines:

1. Any person who has been diagnosed with breast cancer and is at risk for lymphedema or has lymphedema in the arm and/or hand may apply.
2. Applicant must complete the application in its entirety with lymphedema specialist or qualified medical professional signature and attach it to the application.
3. Applicant can assist in choosing color of sleeve based on choices listed in medical release form below.
4. Applicant must be measured or have been measured by a lymphedema specialist or qualified medical professional.
5. Types of expenses covered are purchase of one solid sleeve per calendar year, not to exceed 3 total sleeves during the lifetime of the program.
6. Applicant may apply once per calendar year and may not be approved by the program for more than 3 total sleeves during the lifetime of the program.
7. If approved, the sleeve will be ordered based on the information provided below and shipped directly to you from LymphedIVAs.
8. For questions regarding sizing, please refer to the sizing chart at lymphedivas.com/size-fit; call LymphedIVAs customer service line at 866-411-3482; or email info@lymphedivas.com
9. For questions regarding returns and/or the application process, please email sleeves@corecompassionproject.org



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Referring Physician and/or Oncology Care Team Information (**required**) - this box is for lymphedema specialist or qualified medical professional use only:

Sleeve Information - please circle one for each category below based on patient preference and appropriate sizing (solid sleeves provided only).

Type: Sleeve Sleeve with glove Sleeve with gauntlet

Compression Class: Class 1(20-30 mmHg) Class 2(30-40 mmHg)

Color: Bei Chic Onyx Mocha Purple (sleeve only)

Red Navy Fuchsia Blue (sleeve only)

Size: Small Medium Large

Length: Short Tall

Diva Diamond Band: With Without

Name: _____

Practice Address: _____

Clinician Signature: _____