



## Survivor Shop Guidelines

Title: Patient Intake Assessment for Compression Sleeve, Glove Fitting

Responsibility: Certified Mastectomy Fitter

Equipment: **N/A**

General Rule: The provider must be notified, within 5 calendar days, if the equipment or services ordered cannot be provided to the patient.

Procedure:

Point of Emphasis

All appointments are set up through Central Scheduling 419-383-5000

Insurance coverage will be the patient's responsibility to verify if a covered benefit. The shop will submit billings along with the patient's physician's order. Patients are made aware that if this is not covered, they may receive a bill from UTMHC.

Advise customer to visit registration upon arrival to complete registration for the fitting.

Demographic information is required to complete billing process.

Upon arrival patient will provide physician order for needed products prior to the fitting or we will have obtained the order from the doctor office.

This paperwork will be scanned into their EMR.

Proceed to fitting room and document in EMR.

Ask the client to be involved in the fitting as much as possible.

Offer client a robe for comfort. The client will need to have the limb to be measured out of their clothing

Note indications of radiation treatments, node removal, existing lymphedema, skin conditions-no rash, open wound, and range of motion, etc. NOTE: Doctors script will advise the compression class to be ordered. ANY open wound or rash we will not be able to fit until well healed.

For custom gloves you will be making a drawing of their hand and be measuring with the finger tapes if provided.

Follow the manufacturer's instructions.

At the time of delivery, ready-to-wear compression garments and custom compression garments are reviewed for manufacturer quality and safety.

To ensure quality and safety of the item being provided to the client that the item is free of defects, wear, etc. Information will be scanned into EMR.

Care for compression garments is different for each manufacturer.

Recommendations made to the client to follow manufacturer's instructions on care and donning and removal of compression garment to prolong the life of the garment.

**Approved by:**

/s/

Chris Kosinski BSN, RN  
Director, The Eleanor N. Dana Cancer Center

9/8/2025

Date

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