

Pneumatic Compression Devices

- Sequential Circulator SC-2004-OC
 Sequential Circulator SC-2008-OC
 Sequential Circulator SC-3004-DL
 Sequential Circulator SC-3008-DL

Ordering Physician: _____ NPI #: _____
 Signature: _____ Date: _____

Physician's Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

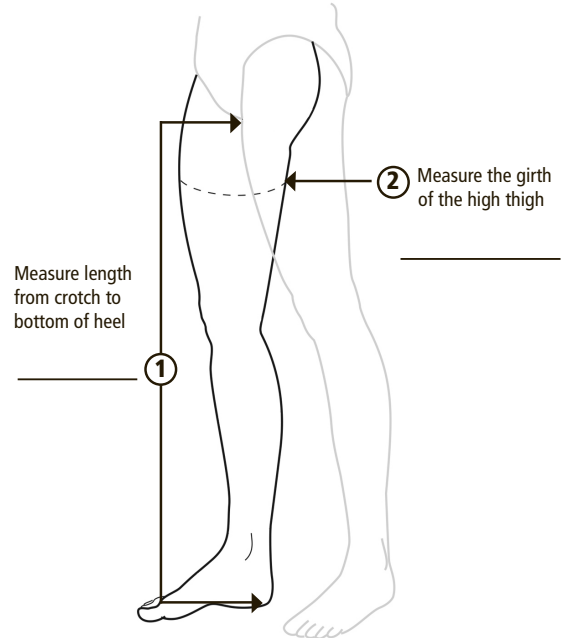
Patient's Name: _____ DOB: ____/____/____

Social Security Number: _____ Last Face-to-Face Encounter: _____

Please check (✓) the conditions that apply to the patient:

- ___ Primary Lymphedema (Congenital/Hereditary) [Q82.0] including Lymphedema Tarda
- ___ Lymphedema is Secondary to Chronic Venous Insufficiency [I89.0]
- ___ Lymphedema is Secondary to CVI with no Ulcers [I89.0]
- ___ Lymphedema is Secondary to Ulcers not present for 6 months [I89.0]
- ___ Lymphedema is Secondary to Cellulitis [I89.0]
- ___ Lymphedema is Secondary to Cancer or Cancer treatment [I89.0]
- ___ Lymphedema is Secondary to Non-Cancer [I89.0]
- ___ Lymphedema is Secondary to Surgery [I89.0]
- ___ Lymphedema Secondary to Post-Mastectomy [I97.2]
- ___ CVI [I87.2] with Venous Stasis Ulcers [I87.331 Rt or I87.332 Lt]
- OR**
- ___ CVI [I87.2] with Venous Stasis Ulcers [L97.919 Rt or L97.929 Lt]

Measure the larger leg. Measure in inches.



Patient Instructions:

- ___ 1) Apply to lower extremity, Right Left Bilateral
- ___ 2) Apply to upper extremity, Right Left Bilateral
- ___ 3) Apply to trunk/chest
- ___ 4) Perform one hour compression therapy two times per day

Contraindications: DVT, PE, Uncontrolled CHF, Infected Wound, and Gangrene

Please fax signed Prescription/Rx, Progress Notes, and Face Sheet to:

VasoCARE @ 1-866-455-5150