RESTLESS LEGS + VENOUS INSUFFICIENCY

Here is the new solution

VEINOPLUS®
Vascular

CLINICALLY PROVEN

TREATMENT OF CALF MUSCLE	60	impulses/minute
INCREASE IN VENOUS OUTFLOW	7	times
REDUCTION IN SWELLING	94%	of all cases
REDUCTION IN LIMB PAIN	86%	of all cases
USER SATISFACTION	88%	

Recommended treatment: One hour before bedtime

Pocket size. Safe. Easy to use. No risk of ischemia. Positive results.

The Efficacy of a New Stimulation Technology to Increase Venous Flow and Prevent Venous Stasis;
M. Griffin, A.N. Nicolaides, D. Bond, G. Geroulakos, and E. Kalodiki, European J. Vascular Endovasc Surg (2010) 40, 766-771.

Effects of electrostimulation (VeinOPlus®) on lower limbs venous insufficiency-related symptoms during pregnancy; A. Le Tochic, MD, H. Bastian, MD, M. Pujo, MD, P. Beslot, MD, R. Mollard, MD, and P. Madelenat, MD; Gynecolgie Obstetrique and Fertilite37, 2009, 18-24.

Physician's Written Order
VeinOPlus Vascular

6554 Florida Blvd, Suite 123
Baton Rouge, LA 70806
P 800-256-9979 **F** 866-455-5150
www.vasocare.com

Physician Information

Physician Name: ________________________________ NPI: ____________________ Order Date: __________

Address: ____

City: ______________________________________ State: __________________ Zip: ______________

Phone #: ___________________________________ Fax #: ______________________________________

Patient

First Name: ________________________________ Last Name: __________________________ MI: _______

Address: ____

City: ______________________________________ State: __________________ Zip: ______________

Phone #: ___________________________________ DOB: ___________________ Gender: ☐ M ☐ F

Dispensing Instructions

☐ VeinOPlus Vascular (E0745) – 1 unit

Est length of need = _99_ months

Perform one hour session _____ times per day

☐ VeinOPlus Vascular Electrodes (A4595)

Number of Refills:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Medical Need/Diagnosis

Please check (√) the diagnosis leading to Calf Muscle Pump Dysfunction:

☐ Disuse Muscle Atrophy (M62.561) Location - Right Lower Limb

☐ Disuse Muscle Atrophy (M62.562) Location – Left Lower Limb

**Contraindications: Wearers of cardiac pacemakers and/or defibrillators should not use the VeinOPlus®

I certify that I am the physician identified on this form. I have reviewed the Physician's Written Order. Any statement on my letterhead attached hereto has been reviewed and signed by me. I certify that the medical necessity information is true, accurate, and complete, to the best of my knowledge. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation that substantiates the utilization and medical necessity of the products listed, and physician notes and other supporting documentation will be provided to VasoCARE, LLC upon request. I understand any falsification, omission or concealment of material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

______________________________	______________________________	____________
Physician Signature (Stamps are not acceptable)	**Physician's Printed Name**	**Date**

Please fax signed and dated PWO, Medical Records, and Face Sheet to 866-455-5150