Physician’s Written Order
VeinOPlus Vascular

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 (F0745) – 1 unit
☐ VeinOPlus Vascular Electrodes (A4595)
Est length of need = __99__ months
Number of Refills: 12
Perform one hour session ____ times per day

Medical Need/Diagnosis
☐ Disuse Muscle Atrophy (M62.561) Location - Right Lower Limb
☐ Disuse Muscle Atrophy (M62.562) Location – Left Lower Limb
☐ Calf muscle weakening which induces calf muscle fiber atrophy (M62.83) Muscle Cramp
☐ Hypoxia (J96.11)
☐ Oxidative stress and systemic inflammation (F43.9) Stress unspecified
☐ Cachexia - body wasting syndrome due to chronic disease (R64)
☐ Sarcopenia - age related condition (M62.84)
☐ Other ___________________________ (M62)

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

☐ Nerve supply is intact with the calf muscle.
☐ Sedentary lifestyle/limited walking leading to disuse muscle atrophy (Z72.3)
☐ Lack of walking due to chronic disease or injury (Z72.3)
☐ Weaken muscles due to lack of exercise/walking (Z72.3)
☐ Claudication (I70.213)
☐ Deterioration or loss of muscle tissue (I929)
☐ Marked weakness in one limb (R53.1)
☐ Decrease in skeletal muscle mass, strength, and a slowing of calf muscle contractions due to aging (M72.0)

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

☐ Disuse muscle atrophy due to ___________________________ (the cause).

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
The VeinOPlus Vascular device with Second Heart Technology ...

- Effectively treats calf muscle pump dysfunction (Griffin 2010)
- Improves venous outflow 7 times (Griffin 2010)
- Reduces edema 80% (Zuccarrelli 2005)
- Stimulates neuropeptides (endorphins) and reduces pain by 80% (LeTohic 2009)
- Lowers peripheral vascular resistance 30% (Griffin 2010)
- Effective in reducing chronic venous edema (Bogachev 2011)
- Increases arterial inflow 5 times (Abraham 2013)
- Causes no significant oxygen consumption (Bieuzen 2012)
- Causes no muscle ischemia (Bieuzen 2012)
- No change in heart rate (Abraham 2013)
- Prevents venous stasis/deep vein thrombosis (Griffin 2010)
- EMS of calf muscle prevents post-op VTE (Lobastov 2014)
- Efficacy in the treatment of patients with shin bone fractures (Obolenskiy 2014)
- Accelerates healing of venous ulcers 3 times (Bogachev 2015)
- Improves walking distance for claudicants (Ellul 2017)
- Improves TcPO₂ levels and accelerates the healing of vascular ulcers (Beliard 2018)
- Prevents recurrence DVT in patients with PTS and RVO (Lobastov 2018)

The above represents a listing of VeinOPlus studies, principal physician, and date of publication.

Treatment Protocol with VeinOPlus Vascular

- 4, one hour sessions/day for venous stasis ulcers
- 4, one hour sessions/day for diabetic foot ulcers
- 2, one hour sessions/day for chronic edema and/or PTS
- 2, one hour sessions/day for intermittent claudication limb pain

Contraindication: Pacemaker/Defibrillator

Calf muscle contractions induced by VeinOPlus are well tolerated by patients with chronic edema, claudication limb pain, and ulcerations. No ischemic pain, no change in heart rate, and no risk of excessive use.

More stimulation with VeinOPlus produces better results!

VasoCARE

Tomorrow’s Technology for Today’s Medical Needs

P.O. Box 14933  I Baton Rouge, LA 70898
PHONE: 800-256-9979  FAX: 866-455-5150

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