

**Prescription/Rx for ordering Comprehensive Pneumatic Compression,  
 Neuromuscular Electrical Stimulation, or DVT Prevention Therapy Program**

**Progress notes must be attached and faxed along with this completed Rx form.**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pneumatic Compression Therapy Program**

**Check the corresponding diagnosis:**

- Lymphedema is Secondary to other Causes: I89.0
- Lymphedema Secondary to Post Mastectomy: I97.2
- Primary Lymphedema including Tarda: Q82.0
- Lymphedema due to Chronic Venous Insufficiency: I87.2
- CVI with Venous Stasis Ulcers {I87.331 Rt. or I87.332 Lt.}

**Patient compliant with instructions:**

- Elevate extremities daily to reduce swelling
- Exercise daily to increase fluid flow and reduce swelling
- Wear 30-mmHg compression garments for swelling

**Patient was last seen by physician after a 4-week trial  
 of conservative therapies: DATE \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Treatment Instructions: \_\_\_ E0650/E0651 \_\_\_ E0652  
 (calibrated pressure)**

- Apply to lower extremity: \_\_\_ Right \_\_\_ Left \_\_\_ Bilateral
- Apply to upper extremity: \_\_\_ Right \_\_\_ Left \_\_\_ Bilateral
- Default Pressure Level: 40-60 mmHg, 60 minutes, BID

**Neuromuscular Electrical Stimulation Therapy Program**

**Check the corresponding diagnosis:**

- Disuse Muscle Atrophy (M62.561) Right Lower Limb
- Disuse Muscle Atrophy (M62.562) Left Lower Limb
- Disuse muscle atrophy due to lack of walking due to chronic disease or injury.
- Nerve supply is intact with the calf muscle.

**Limb Pain or Ulcers due to PAD lead to disuse muscle atrophy:**

- Claudication Limb Pain due to PAD
- Chronic edema due to Chronic Venous Insufficiency
- Diabetic Foot ulcer due to Arterial Insufficiency
- Restless Leg Syndrome (Movement Disorder due to CVI)

**Treatment Instructions: NMES Device - E-0745**

- Perform one hour session \_\_\_\_\_ times per day

**DVT Prevention Therapy Program**

- Deep Vein Thrombosis/Pulmonary Emboli Prevention

**Treatment Instructions:**

- Wear DVT device throughout day/evening hours to prevent DVT and manage post-surgical edema until fully ambulatory.

**FACE-TO-FACE ENCOUNTER CERTIFICATION**

I certify this patient is under my care, has been seen within 6 months of this order, supports the CMS LCD policy, and meets the need of this medical equipment.

Prescriber Name: \_\_\_\_\_ NPI: \_\_\_\_\_ Order Date: \_\_\_\_\_  
PRINT

Signature: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Received by:

**Please fax: Rx order form, demographics sheet, and clinical notes to:**

**VasoCARE, LLC @ 866-455-5150**

**OR**

**Email: orders@vasocare.com**