

FAX: 866-455-5150

Supplier Information

VasoCARE, LLC 6554 Florida Blvd, Suite 123 Baton Rouge, LA 70806 Phone: 800-256-9979

Fax 866-455-5150 NPI: 1720256662

Prescription/Rx for ordering Pneumatic Compression Devices (PCD), or Neuromuscular Electrical Stimulation Devices.

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

Patient's Name:	DOB:	Phone:
☐ Pneumatic Compression Device	☐ VeinOPlus Vascular Device	
Check the corresponding diagnosis:	Check the corresponding diagnosis:	
_ Lymphedema is Secondary to other Causes: I89.0	_ Disuse Muscle Atrophy (M62.561) Right Lower Limb	
_ Lymphedema Secondary to Post Mastectomy: 197.2	 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. 	
_ Primary Lymphedema including Tarda: Q82.0		
Lymphedema due to Chronic Venous Insufficiency: 187.2		
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	 Claudication Lin Chronic edema Diabetic Foot ul Restless Leg Syn Treatment Instruction	lue to PAD lead to disuse muscle atrophy: ab Pain due to PAD due to Chronic Venous Insufficiency cer due to Arterial Insufficiency adrome (Movement Disorder due to CVI) uctions: NMES Device - E-0745 ur session times per day
EACE-TO-EACE ENCOL	JNTER CERTIFICATION	l
I certify this patient is under my care, has been seen within 6 months of this order		
Prescriber Name:	NPI:	Order Date:
Signature:		
Address/City/State/Zip:		
Email: Phone:		Fax:
PLEASE FAX: Rx order form, der	mographics, and clin	ical notes to:

VasoCARE, LLC @ 866-455-5150

OR

Email: orders@vasocare.com