

# FAX

VA Hospital: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Chief of Prosthetics: \_\_\_\_\_

To: VasoCARE LLC  
Fax: 866-455-5150  
Phone: 800-256-9979

P.O. #: \_\_\_\_\_

Pages: \_\_\_\_\_

Re: Purchase Order - \_\_\_\_\_

Comments:

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# Purchase Order

OMB Number: \_\_\_\_\_

P.O. #: \_\_\_\_\_

## Department of Veterans Affairs – Prosthetic Authorization for Items or Services

**1. Name and Address of Vendor:**

VasoCARE LLC  
6554 Florida Blvd., Suite 123  
Baton Rouge, Louisiana 70806  
(O) 800-256-9979 (F) 866-455-5150

**2. Name and Address of VA Facility:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Veteran: (Last, First, MI)**

\_\_\_\_\_

**4. Date of Authorization:**

\_\_\_\_\_

**5. Veterans Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Date Required:** \_\_\_\_\_

**9. Authority for Issuance:** \_\_\_\_\_

\_\_\_\_\_

**10. Statistical Data:**

NSC/OP

**11. FOB Point**

DEST

**12. Percent Disc:**

0%

**13. Delivery Time:**

30 Days

**14. Delivery To: VETERAN**

Attention: \_\_\_\_\_

### 15. DESCRIPTION OF ITEMS OR SERVICES AUTHORIZED

Item Number	Description	Quantity Ordered	Unit	Unit Price	Amount
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**16. Contract Number:** 36F79719D099

Subtotal: \$ \_\_\_\_\_

Account #:

Discount: \$0.00

Shipping: \$0.00

Total: \$ \_\_\_\_\_

**17. Signature of Requesting Official**

**18. Date**

**19. Signature and Title of Contracting/Accountable Officer**

**20. Date**

\_\_\_\_\_  
\_\_\_\_\_

**21. Order Number**

**22. Exp. Date**

**23. Date Item Received**

**24. Date Delivered**

\_\_\_\_\_  
\_\_\_\_\_

**25. The articles or services listed herein have been received, or rendered ordered in the quantity and quality specified originally or as shown by authenticated changes, except as noted.**

Signature of Veteran or VA Official

Acct. Symbol: \_\_\_\_\_

CONTINUATION OF PURCHASE CARD ORDER NUMBER: \_\_\_\_\_

**DEPARTMENT OF VETERANS AFFAIRS – PROSTHETIC AUTHORIZATION FOR ITEMS OR SERVICES**

<b>1. Name and Address of Vendor:</b> VasoCARE LLC 6554 Florida Blvd., Suite 123 Baton Rouge, Louisiana 70806 (O) 800-256-9979 (F) 866-455-5150	<b>2. Name and Address of VA Facility:</b> _____ _____ _____ _____
<b>3. Veteran: (Last, First, MI)</b> _____	<b>4. Date of Authorization:</b> _____

**15. DESCRIPTION OF ITEMS OR SERVICES AUTHORIZED**

Item Number	Description	Quantity Ordered	Unit	Unit Price	Amount
001-001	Legacy® IPC Device	1	Each	\$477.00	\$477.00

Legacy® IPC is a wearable device that prevents DVT (blood clot) and includes:

1. 2x Legacy® pumps (001-001)
2. 2x Legacy® Bladders (Left 002-010 and Right 002-020)
3. 2x Legacy® Comfort Sleeves (LT 003-010 and RT 003-020)
4. 1x Legacy® Dual USB Lead (006-001)
5. 1x Legacy® Power Supply (005-001)

Legacy® IPC device provides for a 1-year warranty from the time of the delivery.

**Portable** – The Legacy® IPC measures (4.1 x 1.7 x 0.67”) and weighs just 70 grams.

**Silent** – Legacy® IPC uses state of the art pump technology, delivering 45 mmHg every minute for 15 seconds in silent operation for comfortable and discrete DVT prevention therapy.

**Connected** – Legacy® Mobile APP with Bluetooth connectivity allows nurses to monitor patient compliance during hospital stay and while recovering at home.

**System and Error Messages** – Legacy’s LED, Audible Sound, and Mobile APP notifies in **Green** when the pumps are operating properly. A solid **Amber color** notifies when the rechargeable battery is low with 5% remaining, and **Red** with a continuous audible warning for 10 seconds that a fault (leak or blockage) is occurring.

The **Legacy® Mobile APP** captures **Compliance, Steps, Cadence, and Overall Activity** data which helps the staff in considering an early discharge.