

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:

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

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: _____

15. DESCRIPTION OF ITEMS OR SERVICES AUTHORIZED

Item Number	Description	Quantity Ordered	Unit	Unit Price	Amount
E0745	VeinOPlus Vascular	1	Each	\$695.00	\$695.00*

* Initial order of a VeinOPlus Vascular device includes 12 VeinOPlus Electrode Packs good for one year.

Future VeinOPlus Electrode Pads					
A4595	VeinOPlus Electrodes	1 pack	2 pads	\$ 14.95	\$179.40**

** : When purchasing a year’s supply of 12 VeinOPlus Electrode Packs, the cost is \$160.00, a discount of 10%.

Note: VeinOPlus Electrodes – Latex Free, Hydrogel Self-Adhering Reusable Electrodes are good for approximately 30-days. Custom manufactured in the USA by Axelgaard Manufacturing Company.

VeinOPlus Vascular device – 1-year warranty from the time of the delivery.