VasoCARE LLC

Tomorrow's Technology for Today's Medical Needs

6554 Florida Blvd, Suite 123
Baton Rouge, LA 70806
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Prescription/Rx for Ordering a Neuromuscular Electrical Stimulation Therapy Device (NMES)

Patient's Name: _____ DOB: _____ Phone: _____

☐ **VeinOPlus Vascular Device – E0745 – Stimulates calf muscles every second, similar to walking, and improves blood flow (venous outflow 7x and arterial inflow 5x).**

Check the corresponding diagnosis:

___ Disuse Muscle Atrophy (M62.561) Right Lower Limb.

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___ Chronic disease or injury leading to disuse muscle atrophy resulting from lack of exercise.

Other conditions leading to disuse muscle atrophy:

____ Claudication Limb Pain due to PAD.

____ Chronic edema due to Chronic Venous Insufficiency (CVI).

____ Diabetic Foot ulcer due to Arterial Insufficiency.

____ Restless Leg Syndrome (Movement Disorder) due to CVI.

____ Foot drop due to compression of personal nerve leads to disuse muscle atrophy.

To qualify, the nerve supply must be intact with the calf muscle. ☐ Yes ☐ No

Treatment Instructions: VeinOPlus - Perform one hour session _____ times per day.

Contraindication - VeinOPlus must not be used by patients with implanted cardiac pacemakers.

FACE-TO-FACE ENCOUNTER CERTIFICATION

I certify this patient is under my care, has been seen within 6 months of this order, and supports the NCD policy set forth by CMS as it pertains to neuromuscular electrical stimulation (E0745) device.

Physician's Name: _____ NPI: _____ Order Date
Print

Signature: _____ Order Date _____ Email: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____

PLEASE FAX: Prescription/Rx, Clinical Notes, and Demographic Sheet to 866-455-5150
or email: orders@vasocare.com

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