



Rehab Services, LLC  
100 Cathedral Street, Suite 2  
Annapolis, MD 21401

Phone/Fax: 800.486.5633  
**RSmedco.com**

NPI: 1487696852

## Antepartum Garment (V-Sling)

### Physician Order, Prescription and Certificate of Medical Necessity

Patient Name: \_\_\_\_\_ Date of Order: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Phone Number(s): \_\_\_\_\_

Primary Diagnosis Code or Description: \_\_\_\_\_

	Pant Size
<input type="checkbox"/>	0 - 8   XS - M
<input type="checkbox"/>	10 - 18   L - X-Large



Notes: \_\_\_\_\_

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

**By signing below, I deem this Medical Device listed above to be medically necessary and prescribe it to be provided at home for the patient listed.**

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Printed Name: \_\_\_\_\_

**Fax to 800.486.5633. Please include Patient Demographic Sheet.**