RX and Patient Order Form

Rep Name: _____ **Doctor Name:** _____

Patient Name: _____ **Surgery Date:** _____ **Doctor NPI:** _____

Surgery / Procedure: _____ _____ x _____ x _____ x _____

ICD 10 Codes: _____ x _____ x _____ x _____

DOB: _____

Single Product by Area

- ☐ Home PlasmaFlow DVT Prophylaxis Unit / Pneumatic Compression - E0676 or E0651
- ☐ ManaFlexx NMES - E0745
- ☐ EZ Rom Ice Shoulder - L3670
- ☐ ManaFlow 52 Compression - E0652
- ☐ EZ Rom Ice Knee - L1833 / L1832
- ☐ EZ Collar 80 - L0180
- ☐ Boot Air - L4361
- ☐ ManaEZ Rom Ice Ankle - L1902
- ☐ EZ Rom Ice Hip - L1686
- ☐ Ice Therapy - E0218

*** Include the following with your order:**

- **Demographic Sheet**
- **Clinical Notes & ICD 10 Codes**
- **Surgery Date**

Prior to Surgery, send via fax or email to:

Fax: (806) 853-6624
Email: orders@remmedicalsolutions.com

Surgery Bundles (Complete Kit)

- ☐ **Knee Kit** - DVT Compression E0676 or E0651 / ManaFlexx E0745 / EZ Rom Ice L1833
- ☐ **Hip Kit** - DVT Compression E0676 or E0651 ManaFlexx E0745 / EZ Hip Ice L1686
- ☐ **Shoulder Kit -** DVT Compression E0676 or E0651 / ManaFlexx E0745 / EZ Shoulder Ice L3670
- ☐ **Spine Kit** - DVT Compression E0676 or E0651 / ManaFlexx E0745 / Tailback 50 L0650
- ☐ **Cervical Kit** - DVT Compression E0676 or E0651 / ManaFlexx E0745 / EZ Collar L0180
- ☐ **Ankle Kit** - DVT Compression E0676 or E0651 / ManaFlexx E0745 / ManaEZ Ankle Ice L1902 / ManaEZ Boot Air L4361

Other Products

- ☐ Breast Pump - E0603
- ☐ Tailback - L0650
- ☐ Kahuna Shoulder Brace - L3960
- ☐ Crutches (Spring Assist) - E0117
- ☐ Other _____

Check Risk that Applies

Total for All Areas

☐

High Risk
= 3 or more points

Moderate Risk
= 2 points

EACH RISK FACTOR = 1 POINT

- ___ Age 40 -59 years
- ___ History of prior major surgery (< 1 month)
- ___ Varicose veins
- ___ Swollen legs (current)
- ___ Obesity (BMI > 30)
- ___ Abnormal pulmonary function (COPD)
- ___ Medical patient current at bed rest
- ___ Leg plaster cast or brace
- ___ Oral contraceptives or hormone replacement therapy
- ___ Pregnancy or postpartum (< 1 month)
- ___ Use of tournique

EACH RISK FACTOR = 2 POINTS

- ___ Age 60-74
- ___ Major surgery (>60 minutes)
- ___ Arthroscopic surgery (>60 minutes)
- ___ Laparoscopic surgery (> 60 minutes)
- ___ Previous malignancy
- ___ Morbid Obesity (BMI>40)
- ___ General anesthesia (> 30 minutes)

EACH RISK FACTOR = 3 POINTS

- ___ Age 75 years or older
- ___ Major surgery lasting 2-3 hours
- ___ BMI>50 (venous stasis syndrome)
- ___ History of SVT. DVT/PE
- ___ Family history of DVT/PE
- ___ Present cancer or chemotherapy

EACH RISK FACTOR = 5 POINTS

- ___ Elective major lower extremity arthroplasty
  Hip, pelvis or leg fracture (<1 month)
- ___ Multiple trauma (<1 month)
- ___ Major surgery lasting over 3 hours

Safety Considerations (check off if applicable)

- ___ Patient has severe peripheral arterial disease
- ___ Patient has congestive heart failure
- ___ Patient has an acute superficial DVT

Other Risk Factors = 1 Point

___ Current smoker ____ History of hypercoagulability ___ High risk of bleeding

Other _____

I have assessed that this patient is at risk of developing DVT. Because of this risk and limited ambulation, I am prescribing a DVT prevention therapy using a pneumatic compression device. In my opinion this is medically necessary and in accordance with standards of medical practice and appropriate treatment for this patient. I certify that the above prescribed medical equipment is medically indicated, and in my opinion, reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition. **Do not substitute.**

Physician's Original Signature: _____ **Date:** _____

Physician's Name: _____ **NPI #** _____ **Email:** _____

I hereby authorize the release of my personnel health information to REM Medical and their billers below for the purposes of filing my claim with my insurance company. My information will be shared for the time it takes to file and/or appeal my claim. I understand that I have the right to revoke this authorization, in writing anytime, except where uses or disclosures have already been made based on my original permission.

Crown Billing / United DME Billing
10880 John W. Elliott Dr. #700 Frisco TX 75033

Synergy Prosthetics
5466 Complex St #207 San Diego, CA 92123

Areli Medical
3113 Hwy 75 #200 Sherman, TX

Zynitech Medical
1043 Andrew Dr Exton, PA