

Patient Name:

D.O.B.:

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Diagnosis Condition: 443.9 Peripheral Vascular Disease

Rx: Request Arterial Pump for home use

1 to 6 hours a day/Any time increments/In sitting position @ 120-125mmHg of pressure

*EO675

99-Lifetime Use

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Diagnosis Condition:

Rx: Request Gradient Sequential Compression Pump for home use

30 – 60 minutes/1 to 2 times a day @ 45-65 mmHg pressure setting

99-Lifetime Use

Doctor Signature: _____

Name:

Date: