

Prescription/RX for ordering Veinoplus neuromuscular electrical stimulation medical device

Patient's name _____ DOB: _____ Phone: _____

___ **Neuromuscular Electrical Stimulation Therapy Program**

Disuse Muscular Atrophy (M62.561) Right Lower Limb

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Nerve Supply Is Intact with the Calf Muscle: Yes ___ No ___

Limb Pain or Ulcers due to PAD Lead to Disuse Muscle Atrophy:

- Claudication Limb Pain Due To PAD
- Chronic Edema Due to Chronic Venous Insufficiency
- Diabetic Foot Ulcer Due to Arterial Insufficiency
- Restless Leg Syndrome (Movement Disorder Due To CVI)

Treatment Instructions: NMES device-E-0745

___ Perform one hour session _____ times per day.

Face-To-Face Encounter Certification

I certify this patient is under my care, has been seen within 6 months of this order, supports the CMS LCD policy and meets the need of this medical equipment.

Prescriber Name: _____ NPI: _____ Order Date _____

Print

Signature _____

Address _____