

## 1. Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## 2. Neuromuscular Electrical Stimulation Therapy Program

Disuse Muscular Atrophy (M62.561) Right Lower Limb

Disuse Muscular Atrophy (M62.562) Left Lower Limb

Atrophy (A4595) Electrodes

Nerve supply is intact with the calf muscle?  Yes  No *(Required per CMS LCD L33788)*

## 3. Prescription Supplements

Copy of physician's RX

Patient demographic sheet

Insurance card (or insurance information)

Chart visit notes with the following statement included, "Ordering muscle stimulator (VEINOPLUS) for disuse muscular atrophy M62.562 and/or M62.561"

## 4. Treatment Instructions: NMES Device-E-0745

Perform one-hour session  1  2  3  \_\_\_\_ times per day.

## 5. In-Person Encounter Certification

I certify this patient is under my care, has been seen within six (6) months of this order, supports CMS LCD policy L33788, and meets the need of this medical equipment.

Prescriber: \_\_\_\_\_

Order Date: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_

### DynaPulse Medical

13500 Wayzata Blvd  
Minnetonka, MN 55305-1850



### Ordering

No substitutions; supply as written.

To order, please email or fax all information to:  
orders@soliditymedical.com or 844-444-1183

*Fulfilled through Solidity Medical on behalf of  
DynaPulse*

### Customer Care

Email: customer.service@dynapulsemedical.com  
Hours: 7:00 AM - 7:00 PM CT Monday-Friday

### Local Sales Representative

Name:  
Phone Number: