

FAX TO: 516-500-9508

PRESCRIPTION AND PHYSICIANS CERTIFICATE OF MEDICAL NECESSITY

Patient Name	Date of Surgery/Injury								
ICD 10 Primary Code	CD 10 Primary CodeICD 10			SecondaryOther ICD 10 Code					
Medical Condition		Other ICD 10 Codes							
PLEASE CIRCLE I	BELOW: RIGHT	Γ or LEFT	T AND AFF	ECTED	BODY I	PART:			
Right or Left Foot	Ankle Knee	e Back	Shoulder	Elbow	Wrist	Hip	Neck		
EQUIPMENT ORDERE	D: Thermo Plus Syster	n, Cold, Pneu	matic Compres	sion, and Me	echanical D'	VT Proph	ylaxis Unit		
EXPLANATION OF CO The Thermo Plus System/V proven to control post-oper recovery, thus reducing hea of motion. Post-operative s regulated therapy devices s benefits of cold and compre conclusion of an operative injuries and orthopedic ope prescribing the Thermo Plu	Vascutherm (VT4) is a ative pain and edema, alth care costs. The conwelling and its compliants at the compliants of the cost o	portable, intreduce swel mbination of ications are the erisk of frost ught to be mouses, the role or also reduce	egrated ice-les ling, stimulate these therapie he most comm thite associated ost effective if of cold compre the need for pa	blood flow s ultimately on cause of I with ice or applied alm ession in the ain reducing	and increase increases r extended re units that cost immedia management narcotics.	se speed for the speed for the street of the speed for the	functional rength and range ime. Temperature ice water. The er injury or at the usculoskeletal		
preserioing the Thermo Tiu	COLD THERAPY	_		anig post of	p treatment	•			
Physician Initials	Frequency: 60 min Duration: 21 days	utes 3 times			ent desires,	, but no l	ess.		
	COMPRESSION T	HERAPY I	NSTRUCTO	NS					
	Frequency: 60 minu Duration: 21 days	ites 3 times j	per day or as m	nuch as patie	ent desires,	but no le	ess.		
DEEP VEIN THROMBO A Thermo Plus portable the of intermittent pneumatic c complications of DVT post An intermittent compression DVT occurence and serious therapy.	erapy system is being ompression machine of phlebitic syndrome. In machine used follow	prescribed for combined with intermittent controls wing surgery	or the above na th other therap compression de has been clini-	med patient ies, may rec vices apply cally prover	luce the rist pressure the to help red	k of clot at is simi	formation, and ilar to walking. overall rate of		
Physician Initials	DVT THERAPY IN	NSTRUCTION	ONS						
	Based on the below	risk assessn	ent, the patie	nt should u	se DVT pi	evention	1.		
	Duration: 21 days								
DVT RISK ASSESSMEN	NT: A total of 3 point	ts indicates I	HIGH RISK of	f DVT (as p	er AAOS g	guideline	es)		
Age 41-59 1 pt; Age 60-74 2 pts; Age 75+3 ptsSmoker 3 ptsArthroscopic surgery 2 ptsMajor surgery lasting 30 minutes or more 2 ptsAdd one point for each of the following: bed rest, restricted mobility, leg currently swollen, varicose veins, overweight/obese, past heart attack, serious infection			Birth (Seriou Broke Joint 1	Family history of blood clotting disorders 3 ptsBirth Control pills 3 ptsSerious trauma within last month 5 ptsBroken hip, pelvis or leg within last month 5 ptsJoint replacement surgery 5 pts VT ASSESSMENT TOTAL					
Physicians Signature			Physic	cians Name	2				
Physicians NPI Number (not groups NPI)			Date	of script					