480 Pleasant Street • Watertown, MA • 02472
P 800.335.0960 ext. 150 • *F* 866.292.2579
www.NormaTecMedical.com

Prescription

Date _____

Patient Name _____ DOB _____

___ NormaTec Via Elite Therapy System
Pneumatic Compression Device—E0652
Model LFJ2T, manufactured by NormaTec

AND

___ One Right Lower Extremity Attachment (E0667)

___ One Left Lower Extremity Attachment (E0667)

___ Bilateral Lower Extremity Attachments (E0667)

___ One Right Upper Extremity Attachment (E0668)

___ One Left Upper Extremity Attachment (E0668)

___ Bilateral Upper Extremity Attachments (E0668)

Treatment Plan Frequency: 1 hour / Once per day
Pressure: 30 mmHg
Rest Time: 30 seconds

Estimated Length of Need: 99 months (patient's lifetime)

NormaTec brand medically necessary because the patient requires a peristaltic waveform.

Physician Certification

I certify that this patient is under my care and the above medical necessity information is true and accurate to the best of my knowledge. I recommend the treatment plan above for pneumatic compression therapy in the home.

_____ _____
Printed Physician Name *Physician Signature*

_____ _____
Physician NPI *Date*