PROVENTUS

GET RIGHT. GET BACK.

Prescription for Cold Compression

Thurber MEDICAL

Please email RX to charley@thurbermedical.com or fax to 678-883-1240

PATIENT INFORMATION:

Patient Name: _____ DOB: _____ Date of Surgery: _____

Type of Injury: _____ ICD-10 Code: _____

Initial Rental Days: _____ Extension Rental Days: _____ Non-Operative: _____

Modality Selection:

- ☐ Vasopneumatic Compression
- ☐ Controlled Thermal Therapy
- ☐ Deep Venous Thrombosis Prophylaxis for 30 days (In-Home) Use

Wraps **Side:** ☐ **L** ☐ **R**

☐ Custom 1FIT Shoulder	☐ Custom Alleviateion Foot & Ankle	☐ Lumbar
☐ Custom 1FIT Knee	☐ Universal	☐ Cervical
☐ Standard Foot & Ankle	☐ Hand/Wrist	☐ Hip

Description of the Cold Compression Device Prescribed

The Cold Compression device is an ice-less, preprogrammed, temperature controlled, multifunctional unit that can manage compression, thermal, and prophylactic (Deep Vein Thrombosis) therapies. This device is prescribed to alleviate pain, reduce swelling and vascular complications, increase range of motion, and accelerate patient recovery. Since the device does not require ice, there is limited risk of thermal damage and compliance is easier to achieve.

Prescribed Settings:

Prescriber Letter of Medical Necessity

I am requesting approval for use of a cold compression therapy device on my patient as it is the only available device that can treat both the acute and chronic aspects of the inflammatory reaction that accompanies trauma and surgery. This device is prescribed to increase range of motion, reduce vascular complications, minimize adhesions, lessen patient pain, diminish soft tissue swelling, and remove lymphedema and other transudative fluid. The patient benefits include less pain and swelling, improved wound healing, shortened recovery time, and improved rehabilitation.
In addition, it is difficult to achieve proper patient self-treatment compliance with simple tools such as a standard cold therapy unit ice/gel pack, or a heating pad. It is evident that the cold compression therapy system is clinically appropriate for short-term and long-term care of tissue injury, whether caused by trauma or surgery.

PRESCRIBER INFORMATION:

Prescriber Name: _____ NPI: _____

Prescriber Address: _____ City: _____ State: _____ Zip Code: _____

Fax: _____ Phone Number: _____

Prescriber Signature: _____ Date: _____