



Physician Prescription

Patient information

Sex: _____ (M/F)

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ DOB: _____

Diagnosis Code/ICD-10: _____, _____, _____

Surgery Date: _____ Side (Please circle): Right Left

Oska Pulse, Wearable PEMF Device - E0761-NU (WC/PI/VA/Private)

99 - Length of Need (99 = Lifetime)

Oska Pulse is a wearable noninvasive PEMF (Pulsed Electromagnetic Field) Device intended to relieve pain anywhere on the body, safely and effectively without risks of addiction or harmful side effects. Oska offers a cost-effective treatment option as it is a one time purchase with no need to purchase batteries or electrodes. Oska Pulse repolarizes the electrical field of damaged or injured tissue which allows ineffective cells to return to normal function.

Squid Cold/Compression - E1399 (WC/PI/VA)

Squid provides intermittent cold/compression to direct edema away from extremities and towards the heart, promoting venous return, enhancing circulation and controlling pain without the risks of addiction or harmful side effects.

60 Days (VA Community Care) - Length of Need

Cash Pay (Private Insurance)

Please Check Appropriate Wrap and Size for Patient (Squid)

mid-thigh circumference **chest circumference**

Knee (Regular 14" - 20") _____ Right Shoulder (Regular 32" - 46") _____

Knee (Large 20" - 26") _____ Right Shoulder (Large 45" - 57") _____

Foot/Ankle (Shoe Size) _____ Left Shoulder (Regular 32" - 46") _____

Back _____ Left Shoulder (Large 45" - 57") _____

Elbow _____

Insurance Information

- Private Insurance
- WC
- Personal Injury
- VA Community Care

Insurance Carrier: _____

InsuranceID/Claim#: _____

Group#: _____

Date of Injury: _____

Name of Adjustor: _____

Adjustor Phone #: _____

VA Auth#: _____ Last 4(SSN): _____

**PLEASE FAX COMPLETED FORM TO:
Authorized Distributor
Fax: (704) 274-2704
Email: orders@jettmed.com**

DVT Prophylaxis - E0676 (WC/PI/VA)

The patient has restricted mobility and in order to increase blood circulation, decrease swelling and inflammation, I have prescribed a DVT compression pump as an alternative to any pharmacologic anticoagulants. I consider this form of mechanical prophylaxis to be an equally effective protocol in the postoperative prevention of a DVT or PE event, without the bleeding and other potential risks and contraindications so frequently associated with blood thinners.

ACKNOWLEDGEMENT OF RECEIPT (Proof of Delivery)

I acknowledge that I have received the DMEPOS product(s), complete instructions on the use, care, maintenance and full documentation for the DMEPOS Product(s) listed above.

Patient/Caregiver
Printed Name: _____

Patient Caregiver
Signature: _____

Tracking#: _____ Date: _____

Provider information/Signature

Provider Signature: _____ Date: _____

Provider Printed Name: _____ NPI: _____

Provider Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Distributor/IR: _____ Sales Rep: _____