

Prescription / Written Order Prior to Delivery Fax: 781-987-8206

Patient First Name	Patient Last Nar	atient Last Name		Date of Birth Height / Weight
Patient Phone Number	Patient Primary Insurance		Policy Number	
Narrative Diagnosis Descriptions	& ICD-10 Codes			
Patient Chest Circumference (nip	ople line) & Abdomen Circ	umference (navel lin	ne)	
Prescription / Written Orde	or Prior to Delivery			
rescription/ Written Orde	in their to belivery			
Start Date: l	ength of Need: 30	Day Rx 99 (L	ifetime)	
☐ Dispense one AffloVest by Inte	ernational Biophysics Corp	poration / High Frequ	uency Chest Wall Oscillat	ion System / E0483
Frequency of Use (standard): (minimum of 10 minutes per d		20Hz for 30 minute	treatments twice per day	,
Frequency of Use (custom): U	se the AffloVest at	Hz for	minutes treatments _	per day.
Physician Signature (stamped signature not accepted)			Date	
Physician Printed Name			NPI Number	
Physician Address	City	State	Zip	
Physician Phone			Physician Fax	
		Phone		

I certify the accuracy of this Rx for the AffloVest Airway Clearance System and that I am the physician identified in this form. I certify that the medical information provided above and in the supplementary documentation is true, accurate, and completed to the best of my knowledge. The patient record contains the supplementary documentation to substantiate the medical necessity of the AffloVest and physician notes will be provided to the authorized AffloVest distributor by request. By providing this form to an authorized AffloVest distributor, I acknowledge that the patient is aware that he or she may be contacted by said distributor for any additional information to process this order.

^{*} AffloVest requires a doctor's prescription for treatment by High Frequency Chest Wall Oscillation (HFCWO). The AffloVest has received the FDA's 510k clearance for U.S. market availability, and is approved for Medicare, Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System(HCPCS) code E0483 – High Frequency Chest Wall Oscillation. The AffloVest is also available through the U.S Department of Veterans Affairs/Tricare. Patients must qualify to meet insurance eligibility requirements.

