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

## Patient Information

| Patient First Name | Patient Last Name | Gender | Date of Birth |  |
| :--- | :--- | :--- | :--- | :--- |
| $\overline{\text { Patient Phone Number }}$ | $\overline{\text { Patient Primary Insurance }}$ |  | Policy Number | Height/Weight |

Narrative Diagnosis Descriptions \& ICD-10 Codes

Patient Chest Circumference (nipple line) \& Abdomen Circumference (navel line)

## Prescription / Written Order Prior to Delivery

Start Date: $\qquad$ Length of Need:
$\square 30$ Day Rx99 (Lifetime)
$\qquad$
$\square$ Dispense one AffloVest by International Biophysics Corporation / High Frequency Chest Wall Oscillation System / E0483Frequency of Use (standard): Use the AffloVest at $5 \mathrm{~Hz}-20 \mathrm{~Hz}$ for 30 minute treatments twice per day (minimum of 10 minutes per day)Frequency of Use (custom): Use the AffloVest at $\qquad$ Hz for $\qquad$ minutes treatments $\qquad$ per day.

Physician Signature (stamped signature not accepted)

Physician Printed Name

## Date

NPI Number

| Physician Address | City | State | Zip |
| :--- | :--- | :--- | :--- |

## Physician Phone

Physician Fax

## Alternate Contact Name Phone Email

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.

International Biophysics Corporation | 2101 E. St. Elmo Road, Building 2, Suite 275, Austin, TX 78744 | 888-711-1145 | AffloVest.com MKT0030 Rev C

