Synergy
HOME HEALTH CARE
Products

Healthy, Happy, Home

www.shhcp.ca

Synergy Home Health Care Products
8500 Torbram Road, Unit 42,
Brampton, ON L6T 5C6
Telephone: (905) 458-4790
Facsimile: (905) 458-8362
E-mail: sales@shhcp.ca

PATIENT INFORMATION

PATIENT NAME: _____ **DATE OF BIRTH:** D D / M M / Y Y Y Y

ADDRESS: _____

PHONE (HOME): _____ **PHONE (CELL):** _____

TYPE OF PATIENT

- ☐ Extended Health Plan
- ☐ Private
- ☐ Motor Vehicle Accident
- ☐ WSIB

DIAGNOSIS

- ☐ Chronic and Acute Edema
- ☐ Chronic Venous Insufficiency (CVI)
- ☐ Deep Vein Thrombosis (DVT)
- ☐ Enhancing Circulation
- ☐ Intermittent Claudication
- ☐ Leg swelling due to vascular insufficiency
- ☐ Lymphedema (Stage 1)
- ☐ Post-operative pain and swelling
- ☐ Post Thrombotic Syndrome (PTS)
- ☐ Primary Thrombosis
- ☐ Venous Thromboembolism (VTE)
- ☐ Varicose Veins
- ☐ Other: _____

PRESCRIBED

- ☐ Portable sequential compression pump, worn on the calf
- ☐ Compression Stockings: _____ **mmHg**
- ☐ Portable TENS Unit
- ☐ Portable Ultrasound Unit

Mobility Devices

- ☐ Cane
- ☐ Crutches
- ☐ Rollator
- ☐ Walker
- ☐ Walker with Wheels
- ☐ Wheelchair

Bathroom Assistive Devices

- ☐ Bath seat with back
- ☐ Bath seat without back
- ☐ Bath tub safety rail
- ☐ Bath tub transfer bench
- ☐ Raised toilet seat
- ☐ ***Other:*** _____

PHYSICIAN NAME: _____ **REGISTRATION #:** _____

(Please Print Name)

SIGNATURE ✘ _____ **DATE:** D D / M M / Y Y Y Y

(Physician Signature)

PRE-APPROVAL FORM

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INSURER INFORMATION

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

POLICY HOLDERS NAME: _____ **DATE OF BIRTH:** D D / M M / Y Y Y Y

POLICY HOLDERS COMPANY NAME: _____

INSURED FAMILY MEMBER NAME: _____ **DATE OF BIRTH:** D D / M M / Y Y Y Y

ADDRESS: _____

PHONE (Home): _____ **PHONE (Cell):** _____ **E-MAIL:** _____

POLICY NUMBER: _____ **ID NUMBER:** _____

QUOTE FOR PRE-APPROVAL

ITEM #	PRODUCT CODE	PRODUCT DESCRIPTION	PRICE

TERMS:

I/We hereby authorize Synergy Home Health Care Products to obtain pre-approval from my insurance company on the above policy as per my Doctor's prescription. I/We hereby authorize Synergy Home Health Care Products to bill directly to the insurance company once the approval is received. If the insurance company requests Synergy Home Health Care Products to invoice the insurance company directly, I/We waive the right to receive reimbursement for the above quoted item(s).

SUBTOTAL:	
HST (13%):	
GRAND TOTAL:	

* Product info sheet(s) attached

NAME: _____ **SIGNATURE** ✘ _____ **DATE:** D D / M M / Y Y Y Y

(Please Print) (Signature)

Please check the appropriate box below. Please provide the claim number, sign, date and fax or e-mail back to Synergy Home Health Care Products.

☐ Approved and Synergy Home Health Care Products will send the invoice directly to the insurance company.

☐ Approved and will be reimbused to the policy holder with proof of purchase receipt.

CLAIM NUMBER: _____

☐ Not Approved.

NAME OF AUTHORIZED PERSON: _____ **AUTHORIZED SIGNATURE** ✘ _____ **DATE:** D D / M M / Y Y Y Y

(Please Print) (Signature)

BIOS living
COMPRESSION PUMP

Physician's Information

This material is intended to provide relevant medical information concerning the Bios Living Compression Pump (Venowave), on how it may benefit patients suffering from chronic vascular conditions. Included is information related to the Bios Living Compression Pump (Venowave) technology, indications of use and how to prescribe the device for appropriate patients.

About the BIOS Living Compression Pump (Venowave)

The **Bios Living Compression Pump (Venowave)** is a compact, battery powered peristaltic pump which is worn on the calf, for use as a prophylaxis or treatment of symptoms associated chronic venous insufficiency (CVI) and other vascular conditions including peripheral venous disease, varicose veins, intermittent claudication, venous blood clots, deep vein thrombosis (DVT), and post thrombotic syndrome (PTS).

The clinical studies can be viewed on the Venowave website under:

http://www.venowave.com/case-studies.php

The Bios Living Compression Pump utilizes patented technology that has been developed by John Saringer in collaboration with Dr. Jack Hirsch. (Henderson Research Centre, McMaster University, Hamilton Ontario)

Health Canada Approved Indications of Use for the BIOS Living Compression Pump (Venowave) and these indications are as follows:

- Post Thrombotic Syndrome (PTS)
- Deep Vein Thrombosis (DVT) and Venous Thromboembolism (VTE)
- Primary Thrombosis
- Impaired blood circulation
- Varicose Veins
- Intermittent Claudication
- Chronic and Acute Edema
- Venous Stasis
- Prophylaxis of Pulmonary Embolism
- Lymphedema
- Venous Insufficiency
- Peripheral Edema
- Pain and associated symptoms from the above conditions

Health Canada Santé Canada
APPROVED / APPROUVÉ

**No contraindications*
***There is a beginning stage study to look at diabetic, venous and Arterial wounds. During the original study those who had wounds saw significant reductions.*