

PATIENT INFORMATION

PATIENT NAME: _____ **DATE OF BIRTH:** / /
ADDRESS: _____
PHONE (HOME): _____ **PHONE (CELL):** _____

TYPE OF PATIENT

- | | |
|---|---|
| <input type="checkbox"/> Extended Health Plan | <input type="checkbox"/> Motor Vehicle Accident |
| <input type="checkbox"/> Private | <input type="checkbox"/> WSIB |

DIAGNOSIS

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

PRESCRIBED

- | | |
|---|---|
| <input type="checkbox"/> Portable sequential compression pump, worn on the calf | <input type="checkbox"/> Portable TENS Unit |
| <input type="checkbox"/> Compression Stockings: _____ mmHg | <input type="checkbox"/> 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: _____
 (Please Print Name)

REGISTRATION #: _____

SIGNATURE  _____
 (Physician Signature)

DATE: / /

PRE-APPROVAL FORM



Synergy Home Health Care Products
19 Bridgend Crescent
Brampton, ON L6P 1K7
Telephone: (905) 458-4790
E-mail: sales@shhcp.ca

INSURER INFORMATION

NAME OF INSURANCE COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____ E-MAIL: _____
POLICY HOLDERS NAME: _____ DATE OF BIRTH: DD / MM / YYYY
POLICY HOLDERS COMPANY NAME: _____
INSURED FAMILY MEMBER NAME: _____ DATE OF BIRTH: DD / MM / YYYY
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 **X** _____ DATE: DD / MM / YYYY
(Please Print) (Signature)

Please check the appropriate box below. Please provide the claim number, sign, date and 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 reimbursed to the policy holder with proof of purchase receipt.

CLAIM NUMBER: _____

Not Approved.

NAME OF AUTHORIZED PERSON: _____ AUTHORIZED SIGNATURE **X** _____ DATE: DD / MM / YYYY
(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



**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.*