ELECTROMED, INC.
Maker of the
SmartVest®
AIRWAY CLEARANCE SYSTEM

Prescription and Certificate of Medical Necessity

When Complete, please fax directly to Electromed, Inc. at 888-901-7373.
Questions? Please call the Reimbursement Department at Electromed, Inc. at 800-462-1045.

Patient Name	DOB (mm/dd/yyyy)	Phone
Patient Address		Alt. Phone
Diagnosis		SSN

Current Airway Clearance Techniques

- CPT (percussion and postural drainage)
- Mechanical Percussor
- Exercise
- Flutter/Acapella
- PEP
- Autogenic Drainage

Problems Associated with Current Airway Clearance

- Inadequate time for # of prescribed treatments
- Health impairment to caregiver
- Single parent household
- Low sputum productivity
- Cannot tolerate Trendelenburg positioning
- Physical discomfort during current treatment
- No caregiver available
- More than one medically complex child in family
- Single parent works
- Both parents work
- Patient works
- Patient lives alone

Medical Status in Past Year

- Increasing pneumonias
- IV antibiotics in home
- Hospitalizations for pulmonary exacerbations
- Declining PFTs in past year.

Patient Requirements for the SmartVest® Airway Clearance System

- Too fragile for standard percussion
- Is of age to learn self-management of disease
- Lives independently
- Has experienced discomfort with alternative products
- Frequent travel requires portability
- Frequently shuttles between divorced parents
- Develops itching with alternative vest products
- Has a G-Tube
- Too young for technique dependent therapies, such as Flutter, PEP, Autogenic Drainage

PHYSICIAN NOTES (Required): ______________________________

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Rx I certify that this Rx to purchase the SmartVest® Airway Clearance System for lifetime continuous use is accurate:

Protocol: Tx/Day - 2, Frequencies - 10-16HZ, Minutes/Frequency - 5-10, Minimum use/day – 15 Minutes. Use settings best tolerated by the patient.

Physician Signature— Stamped Signature is not acceptable	Date (mm/dd/yyyy)
Physician Name	
Physician NPI	Phone
Physician Address	
Institution	

Individualized Protocol
(Takes precedence if completed)

Individualized Protocol
Tx/day
Frequencies
Minute/Freq
Minimum use/Day

RE-01F1L 4/12