

PHYSICIAN DETAILED WRITTEN ORDER- VACUUM ERECTION DEVICE

PATIENT NAME: _____

TYPE OF DEVICE ORDERED: MANUAL VED BATTERY OPERATED VED

HCPCS L7900 MEDICARE ALLOWABLE= \$550.00

PHYSICIAN PLEASE COMPLETE:

Date patient was evaluated for the condition of organic impotence (607.84)

Please check boxes to indicate what other treatments have been prescribed to treat the condition:

Pharmacological Injections PDES Inhibitors
 Other (please specify): _____

YES NO: The patient's erectile dysfunction is due to a medical condition such as Diabetes, hypertension, prostate or other organic condition.

YES NO: There is documentation in the patient's medical record of erectile dysfunction. (Please attach a copy of the patient's medical records associated with the evaluation for this condition.)

Check all Secondary Diagnosis that apply:

250.00 Diabetes
 401.00 Hypertension
 600.00 Hyperplasia of Prostate
 185.00 Cancer of Prostate5005
 Other: _____

Physician Name _____ Phone _____

Physician Address _____

Upin _____ NPI _____

Physician Signature _____ Date _____

Physician: Please retain the original for the patient record and fax completed copy to (620) 227-8474.