

Fax to 866-567-7615 (toll free)

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If you have any questions, please call ZOLL
at **1-800-543-3267**, extension 0.

Contact ZOLL 24-hours a day, 7 days a week



For LifeVest customer support, technical support, patient reservations, or medical orders please call **800.543.3267**



LifeVest patient reservations, medical orders, and supporting documentation can be faxed to **866.567.7615**



For more LifeVest information, please visit **www.zoll.com** or email LifeVest.Info@zoll.com
LifeVest patient reservations can be emailed to LifeVest.Reservation@zoll.com

Supporting Documentation Reminder

1. Complete the LifeVest Medical Order form. Please note that **ALL FIELDS** must be completed and the order form must be **SIGNED AND DATED** by the prescriber.
2. Submit the following to ZOLL by fax to **1-866-567-7615** or by email to **LifeVest.Order@zoll.com**.
 - Completed Medical Order Form
 - Clinical documentation supporting the Reason for LifeVest (see examples below)
 - Hospital face sheet (if available)

LifeVest Network users can complete, sign, and submit orders along with supporting documentation online at <https://lifevestnetwork.zoll.com>.

3. Once a complete order is received, ZOLL will contact your office to schedule a Patient Service Representative appointment.

Examples of Medical Order Supporting Documentation

Reason for LifeVest	What to document	How to document
Cardiac arrest due to VF or sustained VT	VF or sustained VT episode	Attach the following that identifies and dates the event: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • EP study with induced VF or sustained VT • Treatment plan regarding ICD
Familial or inherited condition with SCA risk	Evidence of syndrome leading to higher SCA risk	Attach the following that identifies the SCA risk condition: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Treatment plan regarding ICD
MI with an EF of ≤ 35% DCM (including NICM) with an EF of ≤ 35%	MI, DCM (including NICM)	Attach the following that identifies and dates the diagnosis: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Treatment plan regarding ICD
	EF ≤ 35%	Attach the following that dates and reports results of EF testing: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Report from echocardiogram or other test estimating the EF
ICD explantation	ICD explantation	Attach the following that identifies and dates the explantation: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary
Other condition with high risk of VT/VF	Evidence of risk	Attach the following that identifies the high risk condition: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Treatment plan supporting risk condition



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