

Medical Order Form



PLEASE COMPLETE ALL FIELDS

1) Patient Information and Condition

a) Patient Name (Print First and Last Name) _____

b) Date of Birth (MM/DD/YYYY) _____ / _____ / _____

c) Estimated Start Date (MM/DD/YYYY) _____ / _____ / _____

d) Estimated Length of Need: 4 months 3 months Other ____ months

Note: If left blank, the minimum length of 1 month will be applied, and a new order will be required to extend use.

e) Reason for LifeVest (Check One):

- Cardiac arrest due to VF or sustained VT
- Familial or inherited condition with SCA risk
- MI with an EF of $\leq 35\%$
- DCM (including NICM) with an EF of $\leq 35\%$
- ICD explantation
- Other condition with high risk of VT/VF (Describe) _____

Note: Documentation supporting Reason for LifeVest is required. Please see the following page for instructions.

2) LifeVest Settings (Enter value for each setting. Default value will be applied if left blank)

a) VT heart rate threshold
Default: 150 BPM

(Increments of 10)

b) VF heart rate threshold
Default: 200 BPM

(Increments of 10)

c) Treatment energy
Default: 150 Joules, all five shocks

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

(Increments of 25 between 75J – 150J)

3) Prescriber Information

a) Prescriber's Designated Contact Person _____

b) Contact Person's Phone Number (_____) – _____ – _____

c) Prescriber Name (Print First and Last Name) _____

d) Prescriber Signature—Do Not Stamp _____

e) Signature Date (MM/DD/YYYY) _____ / _____ / _____

f) Prescriber National Provider Identifier (NPI #) _____



Phone 800.543.3267



Fax 866.567.7615



PDF LifeVest.Order@zoll.com



90h0003_revf

Submitting a Medical Order



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)
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 \leq 35% DCM (including NICM) with an EF of \leq 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 \leq 35%	Attach the following that dates and reports EF testing results: <ul style="list-style-type: none"> • H&P, progress note, consult note, or discharge summary • Report from echocardiogram or other test estimating 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 • Treatment plan supporting risk condition



Phone 800.543.3267



Fax 866.567.7615



PDF LifeVest.Order@zoll.com



90h0003_revf