How to place a verbal order

A physician or designee can place an order for the LifeVest by contacting Customer Support at 1-800-543-3267. The following details will be needed:

- physician’s name and NPI number
- contact name/phone/fax
- patient’s name
- insurance information, if known
- name of hospital/room number (if hospitalized)
- start date (or date of hospital discharge)
- estimated length of need of LifeVest use
- VT and VF rate thresholds (or specify to use defaults)
- energy thresholds (or specify to use defaults)
- reason for the LifeVest (diagnosis)
- discharge to location (home/SNF/rehab)

What to fax back to us

The following items should be faxed to ZOLL Lifecor at 1-866-567-7615 (toll-free):

- hospital face sheet (includes patient address, DOB, phone, and insurance details)
- supporting documentation substantiating diagnosis and medical necessity (see below)
- we will complete a Medical Order form and fax to physician for signature

What supporting documentation to provide

Include the following supporting documentation:

<table>
<thead>
<tr>
<th>Condition</th>
<th>What to document</th>
<th>How to document</th>
</tr>
</thead>
</table>
| cardiac arrest due to VF or sustained VT | VF or sustained VT episode | Attach one of the following that identifies and dates the event:  
- H&P, progress note, consult note, or discharge summary  
- ECG/rhythm strip showing VF or sustained VT  
- EP study with induced VF or sustained VT |
| familial or inherited SCA risk | evidence of syndrome leading to higher SCA risk | Attach one of the following that identifies the SCA risk condition:  
- H&P, progress note, consult note, or discharge summary  
- ECG strip showing long QT or other abnormality |
| MI or dilated cardiomyopathy with an EF < 35% | MI or dilated cardiomyopathy | Attach one of the following that identifies and dates the diagnosis:  
- H&P, progress note, consult note, or discharge summary  
- ECG strip showing evidence of infarction |
| | EF < 35% | Attach one of the following that dates and reports results of EF testing:  
- H&P, progress note, consult note, or discharge summary  
- Report from echocardiogram or other test estimating the EF |
| ICD explantation | ICD explantation | Attach one of the following that identifies and dates the explantation:  
- H&P, progress note, consult note, or discharge summary |
| other high risk of life-threatening VT/VF | evidence of risk | Attach one of the following that identifies the risk condition:  
- H&P, progress note, consult note, or discharge summary  
- Test report supporting risk condition |