PRESCRIPTION ORDER FORM

VERTEX
VENTURES
RECOVER SMARTER NOT HARDER

P.O.Box 150063 Kew-Gardens NY 11415
https://vertexventuresinc.com

Patient information

Patient Name | Date of Birth | Date of Injury | Zip Code

Patient Address | City | State

Phone | E-mail | Web

Diagnosis and Related Info

☐ L/Back ☐ Elbow ☐ Shoulder L/R ☐ Wrist L/R ☐ Knee L/R ☐ Ankle L/R

Primary Diagnosis | Secondary Diagnosis

Duration of Treatment: ☐ 10-120 Minutes once a day ☐ Purchase Only

PRODUCT: Vertex Ventures Pro Cold Compression Therapy System

As the referring provider, I am prescribing Vertex Ventures Pro Cold Compression Therapy System which is an FDA cleared (FDA 510K #K222669) Cold Compression Device that utilizes intermittent air compression which compliments cold therapy to reduce swelling by mimicking muscle contractions, enhance localized blood circulation, and expedite recovery. The device provides temporary relief of minor muscle aches and pains, increases blood flow by stimulating, kneading and stroking the tissues using an inflatable wrap. The wrap is accompanied by a cold pack for localized therapy in situation where cold temperature therapy is necessary or desirable. Vertex Ventures Pro Cold Compression Therapy System device should be used for (10-120 Minutes) to cater to diverse needs. I certify that this device is indicated and, in my opinion, medically reasonable and necessary to treat this patient's condition.

Physician's information

Physician's Name | Physician Address

City | State | Zip Code | Phone

NPI | License

Physician's Signature | Date