

Physician's Prescription for the ArtAssist[®] Device

This is a prescription for the ArtAssist device, model AA-1000.

Patient's Full Name (First, Middle Initial, Last)

Patient's Telephone Number

Indication/Medical Necessity:

- Disabling Claudication
- Tissue Loss
- Rest Pain
- Limb Salvage

Patient Instructions:

1. Apply to: Both Legs Right Leg Left Leg
2. Use one hour at a time (or _____ at a time)
3. Use three times per day (or _____ times a day)
4. Call toll free: 888 4 LEG FLO (888.453.4356) to schedule home delivery.

Physician's Signature

Date

Print Physician's Name

State

ID#

Telephone Number

FAX Prescription to 760-744-4401 or Scan & Email to info@acimedical.com



**1857 Diamond Street • San Marcos, CA • 92078
Toll Free: 888 4 LEG FLO (888.453.4356)**