

PATIENT'S NAME:	DOB:	AGE:	SEX: <input type="checkbox"/> M / <input type="checkbox"/> F
	WGT:	HT:	BMI (from pg 2):
SURGICAL PROCEDURE + CODE:	SURGERY DATE:	LIMB:	SIDE: <input type="checkbox"/> L / <input type="checkbox"/> R
TELEPHONE (CELL):	(ALTERNATE):		
DELIVERY ADDRESS:	CITY:	ZIP:	
INSURANCE CO:	INSURANCE ID #:	GROUP #:	

Doctor.

With your review and approval I would like to use the following Lytle Medical Technologies Rapid Recovery Services to shorten phase 1 of my post-surgery recovery. They are:



DEEP VEIN THROMBOSIS (DVT) PREVENTION

In addition to the standard DVT protocol prescribed for my post-surgery recovery, I would like to utilize the Lytle Medical Technologies *PREVENTER*—a sequential compression device (SCD)—to take the extra precaution in preventing a potentially catastrophic recovery delay of developing a blood clot. I understand that while the risk of developing a DVT from lower extremity surgery is small, and even less from upper extremity surgery, I still request this prevention device.

Self-assessment of DVT risk (pg 2): (0-1 LOW / 2 MODERATE / 3-4 HIGH / 5+ HIGHEST)

I will use the *PREVENTER* while resting or immobile.

Order the LMT *PREVENTER*: YES NO



PAIN AND SWELLING REDUCTION

In addition to the standard pain and swelling reduction protocol prescribed for my post-surgery recovery, I would like to utilize the Lytle Medical Technologies *RELIEVER*—a self-contained cryotherapy and compression unit—to help reduce or eliminate my need for pain medication and the amount of swelling I may experience.

BODY PART: Shoulder Knee Hip Ankle Elbow

I will use the *RELIEVER* as much as possible during my first 48 hours of post-surgery recovery and 1-2 hours, 3x per day, for the following three weeks. The unit will have its' temperature set at 43° and cycle to avoid frostbite.

Order the LMT *RELIEVER*: YES NO



CONTINUOUS PASSIVE MOTION (CPM)

In addition to the standard physical therapy protocol prescribed for my post-surgery recovery, I would like to utilize the Lytle Medical Technologies *MOVER*—a continuous passive motion (CPM) unit—to maintain and improve my passive range of motion, help reduce pain and swelling, and shorten my recovery.

BODY PART: Shoulder Knee Hip Ankle Elbow

I will use the *MOVER* 1-2 hours, 3x per day during the first three weeks of my post-surgery recovery.

Order the LMT *MOVER*: YES NO

DOCTOR'S SIGNATURE: _____ DATE: _____

DOCTOR'S NAME (PRINTED): _____

BODY MASS INDEX (BMI) TABLE FOR ADULTS: OBESSE (>30) OVERWEIGHT (25-30) NORMAL (18.5-25) UNDERWEIGHT (<18.5)

WEIGHT lbs (kg)	HEIGHT feet/inches (centimeters)																					
	4' 8" (142)	4' 9" (145)	4' 10" (147)	4' 11" (150)	5' 0" (152)	5' 1" (155)	5' 2" (157)	5' 3" (160)	5' 4" (163)	5' 5" (165)	5' 6" (168)	5' 7" (170)	5' 8" (173)	5' 9" (175)	5' 10" (178)	5' 11" (180)	6' 0" (183)	6' 1" (185)	6' 2" (188)	6' 3" (191)	6' 4" (193)	6' 5" (196)
260 (117.9)	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31
255 (115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30
250 (113.4)	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	30
245 (111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29
240 (108.9)	54	52	50	48	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29	28
235 (106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28
230 (104.3)	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28	27
225 (102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27
220 (99.8)	49	48	46	44	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	26
215 (97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
210 (95.3)	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25
205 (93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
200 (90.7)	45	43	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24	24
195 (88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23
190 (86.2)	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	23
185 (83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
180 (81.6)	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
175 (79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
170 (77.1)	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
165 (74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20
160 (72.6)	36	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	19
155 (70.3)	35	34	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
150 (68.0)	34	32	31	30	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	18
145 (65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
140 (63.5)	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17	17
135 (61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16
130 (59.0)	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	15
125 (56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15	15
120 (54.4)	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14
115 (52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14	14
110 (49.9)	25	24	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	13
105 (47.6)	24	23	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13	12
100 (45.4)	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12
95 (43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11
90 (40.8)	20	19	19	18	18	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11	11	11
85 (38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10
80 (36.3)	18	17	17	16	16	15	15	14	14	13	13	13	12	12	11	11	11	11	10	10	10	9

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria.
 BMI = Weight(kg) / Height(m) = 703 x Weight(lb) / Height(in) x Height(in)

THROMBOSIS RISK FACTOR ASSESSMENT: SELECT ALL CURRENT RISK FACTORS AND ADD TOTAL SCORE

RISK FACTORS	score		score		score
<input type="checkbox"/> Age 40-59 years old	1	<input type="checkbox"/> Other risk factors	1	<input type="checkbox"/> Documented history of DVT or PE	3
<input type="checkbox"/> Obesity (BMI >25)	1	<input type="checkbox"/> Age 60-74 years old	2	<input type="checkbox"/> Family history of DVT*	3
<input type="checkbox"/> Current swollen legs	1	<input type="checkbox"/> Arthroscopic surgery	2	<input type="checkbox"/> BMI >50 (Venous stasis syndrome)	3
<input type="checkbox"/> Surgery/anesthesia <45 minutes	1	<input type="checkbox"/> Major surgery >45 minutes	2	<input type="checkbox"/> Major surgery >2 hours	3
<input type="checkbox"/> History of prior major surgery	1	<input type="checkbox"/> Morbid obesity (BMI >40)	2	<input type="checkbox"/> Present cancer or chemotherapy	3
<input type="checkbox"/> Abnormal pulmonary function (COPD)	1	<input type="checkbox"/> Previous malignancy	2	<input type="checkbox"/> Hip, pelvis or leg fracture <1 month	5
<input type="checkbox"/> Varicose veins	1	<input type="checkbox"/> Patient confined to bed >72 hours	2	<input type="checkbox"/> Joint replacement surgery	5
<input type="checkbox"/> Patient confined to bed <72 hours	1	<input type="checkbox"/> Central venous access port	2	<input type="checkbox"/> Stroke <1 month	5
<input type="checkbox"/> Oral contraceptives, hormone replacement therapy	1	<input type="checkbox"/> Age over 75 years	3	<input type="checkbox"/> Serious trauma <1 month	5

*Antiphospholipid antibodies, lupus anticoagulant, dysfibrinogenemia, 20210A prothrombin mutation, Factor V Leiden mutation, protein C and protein S deficiency, heparin-induced thrombocytopenia, disorders of plasminogen and plasmin activation, and hyperhomocysteinemia.

TOTAL RISK FACTOR SCORE