OK Theta & Wellness

13838 Quail Pointe Dr, Ste A | Oklahoma City, OK 73134
(405) 849-5165 | oktheta.com

CARDIOLOGIST CLEARANCE FOR EECP THERAPY

To be completed by the referring or treating cardiologist.

Return by email to info@oktheta.com or by fax to (405) 500-2724, or have the patient bring the completed form to their first appointment.

Patient Name: Date of Birth: Date:

Cardiologist Name: Practice / Group: Phone:

Email: Fax (if applicable):

About EECP & Benefits

EECP (Lumenair™, Vasomedical) is an FDA-cleared noninvasive therapy using pneumatic cuffs timed to the cardiac cycle via ECG to increase diastolic coronary perfusion and reduce afterload. A standard course is 35 one-hour sessions. Published literature documents improvements in: anginal frequency, exercise tolerance, endothelial function, nitric oxide production, collateral circulation, quality of life, and cardiac classification — with effects persisting 3–5 years. Used off-label (cash pay) for cardiovascular wellness, Long-COVID/POTS, metabolic support, cognitive health, renal perfusion, tinnitus, and erectile dysfunction.

Contraindication Screening

All ABSOLUTE contraindications must be ABSENT before initiating EECP therapy.

ABSOLUTE Contraindications	Present?	RELATIVE / Special Considerations	Present?
Arrhythmia interfering with machine triggering (uncontrolled A-fib, frequent ectopy)	☐ Yes ☐ No	BP > 180/110 mmHg (control before treatment)	☐ Yes ☐ No
Bleeding diathesis / coagulopathy	☐ Yes ☐ No	Heart rate > 120 bpm (control before treatment)	☐ Yes ☐ No
Active thrombophlebitis	☐ Yes ☐ No	Significant valvular disease (aortic insufficiency, severe stenosis)	☐ Yes ☐ No
Severe lower extremity vaso-occlusive disease	☐ Yes ☐ No	High risk from increased venous return (severe CHF, EF < 25%)	☐ Yes ☐ No
Aortic aneurysm requiring surgical repair (AAA > 4.0 cm)	☐ Yes ☐ No	Pacemaker — rate-adaptive (rate response should be turned off by cardiologist before treatment)	☐ Yes ☐ No
Pregnancy	☐ Yes ☐ No	Active skin wounds / open ulcers on legs or buttocks	☐ Yes ☐ No
Active DVT / thrombosis	☐ Yes ☐ No	INR > 2.0 if anticoagulated	☐ Yes ☐ No

Clearance Decision

☐ **CLEARED** — This patient may begin EECP therapy. I have reviewed their cardiac history and find no contraindications to treatment at this time.

☐ **CLEARED WITH CONDITIONS** — This patient may begin EECP therapy with the following restrictions or monitoring requirements (specify below).

☐ **NOT CLEARED** — This patient should NOT begin EECP therapy at this time (specify reason below).

Conditions / Restrictions / Reason:

Pacemaker Note

If the patient has a rate-adaptive pacemaker, the rate response function should be **turned off by the patient's cardiologist or device clinic prior to beginning EECP therapy**, and restored after the course of treatment is complete. Please arrange this as needed. (**Yes** = rate response confirmed off; **No** = not yet turned off, please arrange before first session; **N/A** = patient has no pacemaker.)

Pacemaker brand / model: _____

☐ Yes — turned off ☐ No — not yet off ☐ N/A — no pacemaker

Cardiologist Signature: Print Name: Date: