

AMXDmax™

The **AMXDmax™** is the first fully automatic, sensor driven solution providing male and female aircrew with hands-free bladder relief, **reducing the risk** of future complications associated with current methods.

Starter Kit Includes:

AMXDmax™ System

- Control Unit
- Rechargeable Battery Pack
- Alkaline Battery Pack
- Battery Charger



Disposables

- Male / Female Undergarment
- Male Cup / Female Pad
- Drainable Collection Bag



The control unit weighs only 4 ounces and fits conveniently in the shin pocket with the collection bag.

Cup/pad is discretely worn under flight suit. The undergarment holds it firmly and comfortably in place.

How to Order Your Starter Kit

1. Fill in your information
2. Sign the form
3. Fill out the order form
4. Have your Physician complete and sign the prescription form and Letter of Medical Necessity
5. Mail or fax this completed and signed form **AND copies of your insurance card** (front and back) to: *Omni Medical Systems*

To be completed by patient

1. Patient Information

Patient's Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Date of Birth: _____
Phone #: _____
TRICARE Policy #: _____

2. Assignment of Benefits

I authorize Omni Medical Systems to submit insurance claims on my behalf. I understand that I am financially responsible to Omni for any charges not covered by health care benefits.

(Patient signature is required)

Signature: _____
Date: _____

3. Order Form

Order: AMXDmax™ Starter Kit
Gender: Male Female
Undergarment: Medium Large

To be completed by Physician

4. Prescription

The patient indicated below and on the previous page has been diagnosed with:

Code: 788.30 (Urinary Incontinence, Not Otherwise Specified)
 596.59 (Other Function Disorders of the Bladder)
 V07.9F (Preventative Measure)
 Other Code: _____

Diagnosis: _____

Patient Name: _____

DOB: _____

Length of Need: 12mo. Indefinite

5. Letter of Medical Necessity

I have prescribed the AMXDmax™ System and disposables. This prescription is for the urine collection system for managing the patient's urinary function and serves as the Letter of Medical Necessity. Dispense as written, fill as necessary, do not substitute.

Additional Medical Necessity Notes: _____

UPIN #: _____

NPI #: _____

Llense #: _____

Physician Name: _____

Physician Signature: _____

Date: _____

Please Mail or Fax This Form to:

Omni Medical Systems

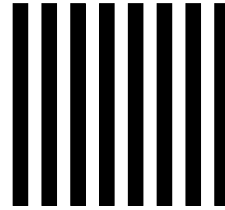
115 Catamount Drive, Milton, VT 05468
Phone: 1(888)799-2693; Fax: 1(802)891-5560

AMXDmax™



AMXDmax™
Control Unit

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



"It is a key mission enabler/enhancer ... I believe it is a much better system and needs to be fielded ASAP."

Lt. A.B. Male F-16 Pilot



Omni Medical Systems

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 3 MILTON VT

POSTAGE WILL BE PAID BY ADDRESSEE

OMNI MEDICAL SYSTEMS
115 CATAMOUNT DR
MILTON VT 05468-9909



AUTHORIZED



Actual Size



www.omnimedicalsys.com

AMXDmax™

In-Flight Bladder Relief System

Certified Safe-to-Fly

Developed Under US Military Contract