

**Rx – Prescription & Letter of Medical Necessity  
Traction Equipment**

**Patient:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Insurance ID#

**Modality:**

**DO NOT SUBSTITUTE**

- Saunders Cervical Traction       Comfortac Cervical Traction  
 Pronex Cervical Traction       Posture Pump  
 Other \_\_\_\_\_

**Diagnosis:**

Primary Diagnosis: \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

**Medical Necessity:**

The above named patient has been under my care since \_\_\_\_\_ receiving treatment for the reference diagnosis. The patient has a musculoskeletal or neurologic impairment requiring traction equipment; and the appropriate use of a home cervical traction device has been demonstrated to the patient and the patient tolerated the selected device.

The patient also has one or more of the following (as checked):

- The patient has a diagnosis of temporomandibular joint (TMJ) dysfunction and has received treatment for the TMJ condition
- The patient has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized.
- The treating physician orders and/or documents the medical necessity for greater than 20 pounds of cervical traction in the home setting.

I certify that I am the attending physician of this patient and the durable medical equipment prescribed to the patient is reasonable and medically necessary. It is not a convenience item.

**Physician Signature:**

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
FAX #

\_\_\_\_\_  
NPI #

**No Substitutions** – In my opinion, in accordance with accepted medical practice standards, the above named patient requires the Rehab Supply device and required supplies as dispensed by Rehab Supply, for the problems identified above.

**Return completed form to Fax 607-584-5561 or mail to  
Rehab Supply LLC - 17 Charles St. Binghamton, NY 13905  
Contact number: 800-485-9717 ext 231**