

**Rx – Prescription & Letter of Medical Necessity
Electrotherapy Equipment & Supplies**

Patient:

First Name

Last Name

DOB

Phone #

Insurance ID#

Modality:

DO NOT SUBSTITUTE

Tens Unit

Interferential Unit

Tens/EMS Unit

If prescribing an Interferential unit, has the patient had a Tens unit trial in the past? Y N

Was the trial of the Tens unit failed? Y N

Diagnosis:

Primary Diagnosis: _____ ICD-10 Code _____

Secondary Diagnosis: _____ ICD-10 Code _____

Medical Necessity:

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Inhibit intractable pain | <input type="checkbox"/> Break muscle spasms |
| <input type="checkbox"/> Stimulate muscle contractions | <input type="checkbox"/> Increase range of motion |
| <input type="checkbox"/> Prevent disuse atrophy | <input type="checkbox"/> Increase blood flow |
| <input type="checkbox"/> Re-educate muscles | <input type="checkbox"/> Reduce edema from trauma/post-op procedures |
| <input type="checkbox"/> Trigger point therapy | <input type="checkbox"/> Increase venous return to prevent deep vein thrombosis |

Recommended Treatment Frequency:

_____ minutes per day for _____ treatments per day

Length of Need:

- Long-term use 6-9 months _____ # of months, purchase if effective

The above named patient noted positive clinical objective exam findings reasonably verify, clinically support and substantiate the medical necessity of the prescribed unit and supplies for pain control. The patient has had a trial period of electrical muscle stimulation, which has helped.

I certify that the above prescribed unit and supplies are medically necessary as part of the patient's treatment program.

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.