



Rx – Prescription & Letter of Medical Necessity

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Patient:

First Name

Last Name

DOB

Social Security #

Modality:

Conductive Garments

- Ultimate Thoracic Vest with Neck Wrap
- Ultimate Glove
- Other: _____
- Ultimate Lumbar Wrap – 10 inch
- Ultimate Lumbar Wrap – 6 inch

Diagnosis:

Primary Diagnosis: _____ ICD-9 Code _____

Secondary Diagnosis: _____ ICD-9 Code _____

Medical Necessity:

- patient requires the conductive garment because there is such a large area or so many sites to be stimulated and the stimulation would have to be delivered so frequently that it is not feasible to use conventional electrodes, adhesive tapes, and lead wires
- patient requires the conductive garment for treatment of chronic intractable pain because the areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes, and lead wires
- patient has documented medical condition, such as skin problems, that preclude the application of conventional electrodes, adhesive tapes, and lead wires
- patient requires electrical stimulation beneath a cast to treat chronic intractable pain

Length of Need:

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

Physician Signature:

Physician Name

Phone #

UPIN #

FAX #

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

Physician's Signature (remember to check no substitutions box)

Date