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Letter of Medical Necessity for Pronex Cervical Traction

Patient's Name: _____ DOB: _____
Insurance ID#: _____ ICD-9 Code: _____

The above named patient has been under my care since _____ receiving treatment for the reference diagnosis.

Due to the serious nature of the patient's condition, I feel it medically necessary to embark on a regimen of home cervical traction. The patient has been prescribed the Pronex cervical traction device, which will be instrumental in relieving symptoms. Traction is commonly used to treat the patient's condition. The appropriate use of a home cervical traction device has been demonstrated, and the patient tolerates the device.

The Pronex cervical traction device is the recommended method of providing home cervical traction because the following checked conditions apply:

- I have ordered greater than 20 pounds of cervical traction force.
- The patient has a diagnosis of TMJ and has received treatment for TMJ dysfunction.
- The patient has distortion of the lower jaw or neck anatomy that precludes the use of a chin halter.

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.

Signature of Prescribing Physician

Date

Print Physician's Name

UPIN

Address

Phone #