



# Prescription & Letter of Medical Necessity



Patient Name: <b>(REQUIRED)</b>	Date of Birth <b>(REQUIRED)</b> :	Date of Incident:	Referring Clinic Name: <b>(REQUIRED)</b>
---------------------------------	-----------------------------------	-------------------	--

**INSURANCE:**

- Attorney   
  Auto   
  Commercial   
  Medicaid   
  Medicare   
  Self-Pay   
  Work Comp

**Zynex Ewave - NMES and Supplies**

Supplies: 4 packs of re-usable electrical stimulation electrodes and 4 Zynex 9 volt batteries once per month as prescribed for length of need stated below. Medicare patients receive 2 packs or 8 electrodes and 4 Zynex 9 Volt Batteries.

**Length of Need:**     99 mos. (lifetime)     6-9 mos.     3-6 mos.

**Frequency of Use:** \_\_\_\_\_

**Diagnoses/ICD-9:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PHYSICIAN INFORMATION**

I certify that the equipment and supplies I prescribed is Medically Necessary for this patient's well-being. In my professional opinion, the equipment is both reasonable and necessary in reference to the accepted standards of medical practice and treatment for this patient's condition. It is NOT prescribed as convenience equipment.

Substitution for this device is *NOT ALLOWED* without my written approval.

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Stamped Signatures are not acceptable)

PRINTED PHYSICIAN'S NAME: \_\_\_\_\_ NPI# \_\_\_\_\_

ADD: \_\_\_\_\_(P) (\_\_\_\_\_) \_\_\_\_\_(F) (\_\_\_\_\_) \_\_\_\_\_

## Required for ALL Medicare Patients Chart Notes & Rx must be submitted together

**Indications for use:**

- Prevention or retardation of disuse atrophy (**Required for ALL**)
- Prevention or retardation of disuse atrophy
- Increasing local blood circulation
- Maintaining or increasing range of motion
- Relaxation of muscle spasms

***Include chart notes supporting Medical Necessity (clinical documentation must support the continued need, use and benefit that the device provides).***

**Representative: Zynex Medical**

**(P): 866-503-8921**

**(F): 866-491-2095**