Meticulous Medical, Inc
Conscientious Customer Care

Rx

PRESCRIPTION AND LETTER OF MEDICAL NECESSITY

PATIENT NAME: _____ **PRIMARY PHONE:**_____

DOB: _____ **DOI:**_____ **DATE OF SURGERY:**_____ **CLAIM #**_____

ALT. PHONE/EMAIL: _____

Electrotherapy (please select one):

[ ] Neo Multi-Therapy Device - E0730 (IFC, NMES, TENS, MICRO)

[ ] Select Combo II Device - E0730/E0745 (IFC, NMES, TENS, RUSS)

Dx Code(s): _____ Length of Need: [ ] 3 months, [ ] 6 months, [ ] Purchase

Request for supplies (Please select options below):

Supply Duration: [ ] 3 months, [ ] 6 months

[ ] 2 Packages electrodes (monthly) - A4556
[ ] 1 Pair of lead wires (in total for each 6 months) - A4557
[ ] 1 Replacement Li Ion battery (in total for each 6 months) - L7367

Instructions for use:

[ ] I have instructed this device be used as outlined in the User Manual

[ ] Please follow the following instructions for use: _____

_____

DO NOT SUBSTITUTE (DAW): I am prescribing this prescription for DME due to my patient's needs and diagnosis. I certify that the device(s) are medically indicated and in my opinion, reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition. If you have any questions, please feel free to contact my office.

Provider Signature: _____ Date:_____

Provider Name: _____ NPI# _____

*****Please Fax to: (559) 453-0107*****