PRESCRIPTION

T.E.N.S. Unit

by Medical Science Products, Inc.
with supplies for period of medical necessity.

PATIENT'S NAME: _____

DIAGNOSIS/ICD9 CODE(S):_____

I certify that the MSP-TENS Stimulator device is medically necessary as part of my treatment of this patient. The prescribed device is reasonable and necessary for the treatment of this patient's condition. NO SUBSTITUTIONS.

_____
PHYSICIANS SIGNATURE

_____
Date

Please Print: _____
Facility Name and Address

_____
Physician Name and NPI Number

_____ Thank You.
Contact Phone Number

Fax Prescription and Patient Information to:

Medical Science Products, Inc.

Fax: 330-854-1953

Tel: 330-854-4060