

PRESCRIPTION & LETTER OF MEDICAL NECESSITY

T.E.N.S. SUPPLIES

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

PATIENT'S NAME: _____

DIAGNOSIS/ICD9 CODE(S): _____

I certify that the MSP-TENS Supplies are medically necessary as part of my treatment of this patient. The prescribed supplies are 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

Contact Phone Number

Thank You.

Fax Prescription and Patient Information to:
Medical Science Products, Inc.
Fax: 330-854-1953
Tel: 330-854-4060