

Receiving an MSP-T.E.N.S. trial is as simple as **1 – 2 – 3**. Just complete section **1**. Have your physician sign section **2**. and mail or fax the completed form to us at the address or fax number listed in section **3**. After receipt of your completed prescription, we will contact you to arrange for delivery and instruction on the use of your T.E.N.S. unit. For more information or questions, please call our toll free number 1-800-456-1971.

## MSP-T.E.N.S. PRESCRIPTION

**1** Patient's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Insurance Company Name / Phone \_\_\_\_\_ / \_\_\_\_\_

Insurance ID \_\_\_\_\_

**2** Doctor's Name / Phone \_\_\_\_\_ / \_\_\_\_\_

Patient Diagnosis # \_\_\_\_\_

I certify that the MSP-T.E.N.S. device and supplies are medically necessary as part of my treatment program for this patient. The prescribed device is reasonable and necessary for the treatment of this patient's condition. Dispense as written.

Doctor's Signature \_\_\_\_\_ date \_\_\_\_\_ NPI# \_\_\_\_\_

**3** Mail or fax form to:

Medical Science Products, Inc.  
PO Box 381  
Canal Fulton, Oh 44614  
800-456-1971  
**Fax # 330-854-1953**