



**Prescription & Letter / Certificate of Medical Necessity**

**Zynex Medical  
(P) 800-495-6670  
(F) 800-495-6695**

Patient Name:	Date of Birth MM/DD/YY	SS #:
Patient Home Phone #:	Insurance	
Clinic Name & Phone #:	Date of Incident: MM/DD/YY ____/____/____	

**ELECTROTHERAPY**

Zynex - Pelvic Floor Stimulation & Probe

***Length of Need (required):***

Purchase     Long-term     6-9 mos     3-6 mos

***Low Back Pain***

Patient requires a **conductive garment** to treat the area of chronic intractable pain because the area is inaccessible with conventional electrodes.

**LSO SPINAL ORTHOSIS**

LSO - Lumbar Sacral Orthosis

***Treatment for:***

Post Surgical Lumbar Sacral Stabilization  
 Chronic Back Pain

**KNEE BRACE**

Knapp Hinged Knee Orthosis with ROM

***Treatment for:***

Osteoarthritis Pain  
 Instability/Sprain/Strain

**DIAGNOSIS(ES)**

Diagnosis: (please print neatly) \_\_\_\_\_

**Patient's Area of Pain (Check Box):**

**Upper Body:**

Cervical     Shoulder  
 Thoracic     Elbow  
 Lumbar     Wrist  
 Hip     Hand

**Lower Body:**

Knee  
 Shin  
 Ankle  
 Foot

Other \_\_\_\_\_

**PREVIOUS TREATMENTS (check all that apply)**

Prior Surgery: if yes, Date: \_\_\_\_\_     Injections     NSAIDS  
 Physical Therapy     Pain Medications     Other \_\_\_\_\_

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT PHYSICIAN'S NAME: \_\_\_\_\_ UPIN # \_\_\_\_\_ NPI# \_\_\_\_\_

ADD: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE# (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DISPENSE AS WRITTEN - ABSOLUTELY NO SUBSTITUTIONS**