



Letter of Medical Necessity

PO Box 261421 Tampa, FL 33685
855-ESTiM-10 888-724-1478 fax

DATE: _____ PATIENT NAME: _____

DOB: ____/____/____ Last 4 SS#: _____

Product Prescribed: **TENS Unit E0730/TENS Garment E0731/TENS Supplies**

Length of Need: ____ Rental ____ Purchase/Lifetime DX: ____/____/____/____/____/____/____

Medication(s) Including Dosage & other Modalities Used: _____

Medical Justification: _____

Reason for Prescription and FDA approved indications for use:

- ____ Increased Joint Range of Motion ____ Increased Blood Circulation ____ Reduction of Edema and Swelling
- ____ Adjunctive Treatment of the Management of Chronic Pain ____ Increased Functional Mobility Capacity ____ Relaxation of Muscle Spasms
- ____ Functional Strength Deficits ____ Symptomatic Relief of Pain and Management of Chronic Pain

Treatment Goals:

- ____ Relieve Symptomatic Pain ____ Management of Chronic Pain ____ Increasing or Maintaining Range of Motion ____ Cure & Relieve Patients Condition
- ____ Restore Functional Capacity to Allow the Return to Full Duty ____ Muscle Reeducation
- ____ Expedite / Advanced Expected Functional Capacity / Status to 80% / 90% of Normal
- ____ Facilitate Independence in a Progressive Home Exercise Program with Functional Emphasis

To Whom It May Concern:

I certify that the TENS, Transcutaneous Electrical Nerve Stimulation, unit that I have prescribed for use in the patients home is medically necessary as part of my prescribed treatment plan for the patient. Transcutaneous Electrical Nerve Stimulation Unit stimulation is an anti-inflammatory based treatment modality that will increase local blood; stimulate soft tissue healing, increasing range of motion, aid in muscle reeducation, relaxation of muscle spasms and symptomatic relief of pain. The TENS will thus minimize the necessity for narcotic pain medication. In my opinion, a home TENS unit as part of the patients treatment protocol will facilitate his / her quicker return to functional restoration and participation in the activities of daily living. The use of the TENS unit will provide relief of pain by blocking nerve impulses in superficial sensory nerves.

Since I am acquainted with the efficiency of the TENS unit, I would like this unit to be considered as medically necessary as my prescribed treatment plan to have my patient return to their individualistic needs to every day living.

If I can provide further information, please do not hesitate to contact my office.

Sincerely:

Doctor's Signature: _____

NPI#: _____

Printed Doctors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____