The SENSUS Pain Management System is a transcutaneous electrical nerve stimulator designed for relief of chronic pain in the lower legs and feet. SENSUS is worn on the leg, just below the knee, and is activated by simply pressing a button. It’s a pain relief option that is both easy and convenient for patients. Whenever pain relief is needed, the patient activates the device. Each session lasts 60 minutes with pain relief starting in about 10-15 minutes and often lasting 30 minutes following the session.

To learn more about SENSUS and the nearest durable medical equipment supplier, please call NeuroMetrix Customer Service at (888) 786-7287

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## Patient Information

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>SS#</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Email</th>
<th>Insurance</th>
<th>Policy/Claim #</th>
<th>Group #</th>
</tr>
</thead>
</table>

## Prescription

**Device Requested:**
- ☐ SENSUS Pain Management System

SENSUS is a prescription transcutaneous electrical nerve stimulator (TENS unit) that provides symptomatic relief of chronic pain due to pain in the lower extremities.

**Medical Need:**
- ☐ Painful diabetic neuropathy  
- ☐ Other neuropathic pain  
- ☐ Lower leg pain  
- ☐ Other __________________________

**Medical Necessity/Length of Need**
- ☐ Purchase (99 = Lifetime)  
- ☐ Rental # ____ months  
- ☐ ICD-9 Codes __________________________

Previous Treatments(s)/Medications:
- ☐ Gabapentin  
- ☐ Pregabalin  
- ☐ Duloxetine  
- ☐ NSAIDS __________________________  
- ☐ Opiates __________________________
- ☐ Other pain medications __________________________  
- ☐ Other (Specify) __________________________

**Required for All Medicare Patients**

Patient is using for (check one):
- ☐ Chronic Intractable Pain  
- ☐ Other __________________________

How many months has your patient had chronic intractable pain:

**Justification for 4 leads versus 2 leads.** *Medicare requires documentation supporting a patient’s need for a 4 lead TENS device.*
- ☐ Patient’s pain covers a large area and 4 electrodes are needed to surround or treat throughout the pain area.
- ☐ 4 electrodes are needed to treat two different pain areas.
- ☐ Other __________________________

## Physician Information

<table>
<thead>
<tr>
<th>Ordering Physician</th>
<th>Clinic Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Email</th>
<th>Fax</th>
<th>Contact</th>
<th>NPI#</th>
<th><em>Physician Signature</em></th>
<th>Date of Signature</th>
</tr>
</thead>
</table>

*By my signature, I am prescribing the item listed above. In my professional opinion, the above-prescribed item is medically necessary and consistent with current accepted standards of medical practice and treatment of this patient’s physical condition.

Substitution for this item is NOT allowed without my written approval.

*Signature stamps are not permitted for Medicare.*

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Call 888.786.7287 for the Nearest Durable Medical Equipment Supplier