

SENSUS Pain Management System Prescription

Patient Information

Patient Name _____ Date of Birth _____ SS# _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ - _____ Email _____
Insurance _____ Policy/Claim # _____ Group # _____
Insured's Name _____

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

Ordering Physician _____
Clinic Address _____ City _____ State _____ Zip _____
Phone (_____) _____ - _____ Fax (_____) _____ - _____
Contact _____ NPI# _____
*Physician Signature _____ Date of Signature _____

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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