



Prescription Form

Medical Needs
P.O. Box 4408
Chattanooga, TN 3705

Phone: (423) 267-4101
Fax: (423) 267-7580

Patient's Name: _____ Date: _____

Diagnosis (with code): _____ Patient Phone: _____

Physician's Name: _____ Physician Phone: _____

- TENS Unit (Transcutaneous Electrical Nerve Stimulator)
CES/TENS Unit (Cranial Electrotherapy Stimulation)
TENS Electrodes/Supplies
N.M.E.S (Neuralmuscular Stimulator)
I.F.C (Interferential Current Stimulator)
Electrode Garments
Foot Hand Elbow
L.S.O.
T.L.S.O.

- Wheelchair - Standard
Wheelchair - Other
Wheelchair Accessories
Cane
Walker
Heat/Cold Application
Biofreeze
Catsclaw
Orthotic Devices
Prosthetic Devices
Upper (specify)
Lower (specify)

Extremity Bracing

Other Home Medical Equipment (specify)

Check above options or write orders below. This certifies Medical Necessity

M.D. _____ signature