

# Physician Order Form - TENS Unit Supplies

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ <b>Phone</b> _____ <b>Fax</b> _____	_____ _____ _____	<b>XYZ Medical Supplies</b> 123 Wellness Blvd, Suite 400 Health City, CA 90001 <b>Fax:</b> 877-555-1234 <b>Call:</b> 800-888-9999

**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Diagnosis:**

- ☐ ☒ Chronic Pain (M54.5)
- ☐ ☐ Postoperative Pain (G89.18)
- ☐ ☐ Neuropathic Pain (G57.9)
- ☐ ☐ Other: \_\_\_\_\_

**TENS Unit Specifications:**

Unit Type	Additional Instructions
<input checked="" type="checkbox"/> TENS Unit (E0730)	_____
<input type="checkbox"/> Other: _____	_____

**Supplies:**

- ☐ ☒ Electrodes (A4556)
- ☐ ☐ Conductive Gel (A4557)
- ☐ ☐ Lead Wires (A4558)
- ☐ ☐ Other: \_\_\_\_\_

**The following items are necessary for the proper use of the TENS unit:**

<b>TENS Unit (E0730)</b>	<b>Electrodes (A4556)</b>
<b>Lead Wires (A4558)</b>	<b>Conductive Gel (A4557)</b>

**Physician's Signature:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**License:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Fax To: 1-877-555-1234**