



PRESCRIPTION & LETTER OF MEDICAL NECESSITY

PATIENT NAME*

DOB*

PHONE*

MOBILE/ALTERNATE

DATE OF SURGERY

DATE OF INJURY

This prescription is for the Zynex NexWave™ and monthly supplies **and** the JetStream™ Hot/Cold Circulating pump with specific body part blanket

This prescription is for the JetStream™ Hot/Cold Circulating pump with specific body part blanket **only**

Diagnosis Code(s) _____:_____ _____:_____ _____:_____

Length of Need (NexWave & Supplies): Life-time 3-10 Months (if unchecked default is Life-time)

Length of Need (JetStream™ Hot/Cold Therapy): 15 Days 30 Days 45 Days Other: _____Days

Equipment is for:

Knee Shoulder Hand/Wrist Foot/Ankle Hip/Lumbar Cervical Elbow/Arm/Leg

Patient Equipment Use Protocol (Tx = Treatment)

Cold Therapy (40° - 50°):

Day 1 thru Day ____ Use: continuous with a break of ____ minutes every ____ hour(s)

Day ____ thru Day ____ Use: ____ minutes/Tx every ____ hour(s)

Use after exercise for ____ minutes/Tx

Hot Therapy: (80° - 120°)

Use after day number ____ Before exercise: ____ minutes/Tx Loosen stiff muscles/Joint: ____ minutes/Tx

PROVIDER SIGNATURE*

DATE*

PRINTED NAME*

NPI*

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

I CERTIFY THAT THE EQUIPMENT AND SUPPLIES I PRESCRIBED ARE MEDICALLY NECESSARY FOR THIS PATIENT'S WELL-BEING; THIS IS NOT PRESCRIBED AS CONVENIENCE EQUIPMENT. IN MY PROFESSIONAL OPINION, THE EQUIPMENT IS BOTH REASONABLE AND NECESSARY IN REFERENCE TO THE ACCEPTED STANDARDS OF MEDICAL PRACTICE AND TREATMENT FOR THIS PATIENT'S CONDITION. SUBSTITUTION FOR THIS DEVICE IS *NOT ALLOWED WITHOUT MY WRITTEN APPROVAL.*

O-VERSION—FAX TO: (866) 318-3622



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Zynex NexWave™
IFC, TENS, NMES



JetStream™
Hot/Cold Therapy

HOW TO OBTAIN YOUR PRESCRIBED DEVICE(S):

Zynex will call you within 24 hours of receiving your prescription from your doctor. Please look for a call from phone number 303-703-4906 and have your insurance information ready for us to process your order.



***If you have not heard from us within 24 hours, please call
Customer Service at (800) 495-6670.***



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