

*A licensed health care practitioner must fill out this information or provide a prescription.* U.S. orders only. Orders outside of the U.S. do not require prescription.

Practitioner's Name \_\_\_\_\_ Degree \_\_\_\_\_

Provider No. \_\_\_\_\_ Specialty \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient's Diagnosis \_\_\_\_\_

ICD9 Code No. \_\_\_\_\_

Device prescribed (check one)

\_\_\_\_ Alpha-Stim SCS – Anxiety, Depression and Insomnia

\_\_\_\_ Alpha-Stim PPM – Pain Management

\_\_\_\_ Alpha-Stim 100 – Combines the above units with additional probes for pain treatment.

Dr.'s Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:

Bio-Medical Instruments, Inc.

Fax: 586-756-9891

Email: [sales@bio-medical.com](mailto:sales@bio-medical.com)