℞ Physician's Prescription

Pro Med Inc.
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Please PRINT CLEARLY and complete the information below.

PATIENT INFORMATION:

Patient Name:_____ Date of Birth:_____ SS#:_____-____-_____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Employer: _____ Phone: _____

Insurance:_____ Address: _____ Claim :_____

Adjuster's Name: _____ Phone: _____ Fax: _____ Date of Injury: _____

Diagnosis:_____ ICD 10 Code:_____

Symptoms:_____

Limitations:_____

PRODUCT: sam® (Sustained Acoustic Medicine) Unit and Coupling Patches

"I am prescribing the sam® Low Intensity ultrasound device to control and/or reduce pain, to accelerate musculoskeletal healing, and to avoid the need for narcotic pain medications, including opioids.

I am prescribing sam® to be used for up to 4-hours per day for a minimum of _____ days to encourage organic healing by: accelerating collagen lay down, oxygenated hemoglobin in the muscles, angiogenesis effect for capillary development, increase local blood flow, and is a conservative measure in the plan of Care for this patient in an attempt to avoid a surgical intervention. It is to be used at home or at work."

sam® Product Includes: Dual Applicators; Power Controller; Charger; 1 Tube of Coupling Gel; & 1 box (10 pieces) + 3-Packs of sam® Sport Coupling Patches (120 pieces total)

Duration of Treatment: 1 Treatment per day; up to 4 Hours per day for up to 8 Weeks

PHYSICIAN's INFORMATION:

Physician's Signature:_____ Date: _____

Physician Print Name:_____

Physician Address: _____

City:_____ State:_____ ZIP Code:_____ Phone: _____

NPI #:_____ License #:_____

NOTE: Authorization cannot be obtained without all the necessary information. Thank you in advance.

Information to be dictated in each patient's medical notes by the Ordering Physician:

I am prescribing the sam® Low Intensity ultrasound device to control and/or reduce pain, to accelerate musculoskeletal healing, and to avoid the need for narcotic pain medications, including opioids.

I am prescribing sam® to be used for up to 4-hours per day for _____ days to encourage organic healing by: accelerating collagen lay down, oxygenated hemoglobin in the muscles, angiogenesis effect for capillary development, increase local blood flow, and is a conservative measure in the plan of Care for this patient in an attempt to avoid a surgical intervention. It is to be used at home or at work.