JONES MEDICAL EQUIPMENT
481-B Elma G. Miles Parkway Hinesville, GA 31313 Phone 912-877-3202 Fax 912-877-3206
NPI 1578900841
210 Grand Central Blvd. Pooler, Ga. 31322 Phone 912-988-3718 Fax 912-988-7064
NPI 1396202495

*****ALL PHYSICIANS SCRIPTING FOR MEDICARE AND MEDICAID MUST BE PECOS CERTIFIED AND ENROLLED WITH GAMMIS. INFORMATION WILL BE VERIFIED DURING THE INTAKE PROCESS AND DENIED, IF YOU'RE NOT ENROLLED*****

Transcutaneous Electrical Nerve Stimulation Device and Supplies
TENS UNIT

Patient Name _____ DOB _____

Insurance _____ MBI # _____

Order Date _____ End Date _____

Treating Provider _____ NPI _____

Phone # _____ Fax # _____

Equipment Ordered (Circle/Check All that Apply)

E0720- Tens, Two Lead, Localized Stimulation	QTY _____	
E0730- Tens, Four Lead, Larger area, Multiple Nerve Stimulator	QTY _____	
A4557- Lead Wires, Replacement	QTY _____	Weekly, Monthly, Yearly
A4595- Electrical stimulator supplies, 2 lead	QTY _____	Weekly, Monthly, Yearly
E0731- Garment for Tens Device	QTY _____	Back, Knee, Sock, Glove

Other or Specific Instructions by MD

_____

To be completed by provider (must be signed by the ordering M.D.)

Prognosis (circle) Fair Good Poor Length of Need _____ (99= lifetime)

Date of Order (RX) _____ Date of Office Visit _____

DX _____ ICD-10 Code _____

Indication

Does the patient have acute post-operative pain? YES NO

Surgical Site _____ Surgery Date _____

Is the presumed etiology of the pain a type that is accepted as responding to TENS therapy? YES NO

Has the pain been present for at least 3 months? YES NO

Have other appropriate treatment modalities been tried and failed? YES NO

If yes, describe? _____

_____ _____

Provider Signature Date