

Statement of Medical Necessity for Alpha-Stim[®] Use

Re: Patient Name: _____ Telephone: _____

To Whom It May Concern:

I am ordering the rental or purchase of an Alpha-Stim[®] prescription-electromedical-device complete with accessories for the above named patient to use at home as a conservative method of treating pain, anxiety, depression and/or insomnia. This technology has a 28-year history and is supported by successful outcomes documented by more than 40 scientific studies (see www.alpha-stim.com for research reports and other information). It has proven to be consistently effective so I have advised the patient to utilize it on a regular basis.

I want this patient to have the following Alpha-Stim[®] device (*do not substitute*):

- Alpha-Stim[®] 100 microcurrent and cranial electrotherapy stimulator for the treatment of pain, anxiety, depression, and/or insomnia.
- Alpha-Stim[®] SCS cranial electrotherapy stimulator for the treatment of anxiety, depression, and/or insomnia.
- Alpha-Stim[®] PPM microcurrent stimulator for the treatment of pain.

The patient's current diagnoses applicable to the Alpha-Stim[®] treatments are:

1. _____ ICD9 Code: _____.
2. _____ ICD9 Code: _____.
3. _____ ICD9 Code: _____.
4. _____ DSM IV Code: _____.
5. _____ DSM IV Code: _____.

The prognosis is: _____

Yours truly,

Name, Degree: _____

Address: _____

Telephone: (_____) _____

Licensed Practitioner's Signature

Date

State License Number

NPI

Send Signed Order To:
Mind-Body Electric
1234 Pearl Street, Suite 2
Eugene, OR 97401
1-866-484-2101 / FAX 541-762-0439