

 Simple Strategies
for Patient Centered Care

Physician's Statement of Medical Necessity (Prescription)

Please complete, sign, date and fax to (702) 537-5290 or email to:
support@ensrmedical.com

Product Description:

Microcurrent biofeedback **FIRSTtx** device with lead wire and conductive pads

_____E0720 Medical Device

Physician's Signature: _____

Physician's Name (print): _____

Clinic Name: _____

Physician's Address: _____

Date: _____ NPI number: _____

Phone Number: _____

CONFIDENTIAL INFORMATION

DO NOT SUBSTITUTE