

# Physician's Statement of Medical Necessity (Prescription)

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

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Patient's Address \_\_\_\_\_

Patient's Phone# \_\_\_\_\_

Date of Injury/Onset \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_

Previous Treatment(s)/Medications \_\_\_\_\_

\_\_\_\_\_

## Product Description

**Micro-current Biofeedback TENS BEST-PRO1 Device with one lead wire, 1 set Conductive Pads**

### Conductive Garment for:

- |   |   |
|---|---|
| <input type="radio"/> Carpal Wrap                   | <input type="radio"/> Elbow Wrap            |
| <input type="radio"/> Conductive Glove              | <input type="radio"/> Ankle Wrap            |
| <input type="radio"/> Shoulder Wrap                 | <input type="radio"/> Conductive Sleeve     |
| <input type="radio"/> Low Back Wrap(6 inches tall)  | <input type="radio"/> Arm or Leg Wrap       |
| <input type="radio"/> High Back Wrap(8 inches tall) | <input type="radio"/> Conductive Sock       |
| <input type="radio"/> Cervical Wrap                 | <input type="radio"/> Conductive Leg Sleeve |

### Length of Need

\_\_\_\_\_ # of Months (short term)

\_\_\_\_\_ 10 months or longer (long term)

\_\_\_\_\_ Purchase

I certify that the above prescribed treatment is medically necessary for the patient's well being. In my opinion, the treatment is effective and is reasonable in the treatment of this patient's condition. I also certify that the information noted above is accurate to the best of my knowledge.

### Physician's Info:

Name (print) \_\_\_\_\_

NPI Number \_\_\_\_\_

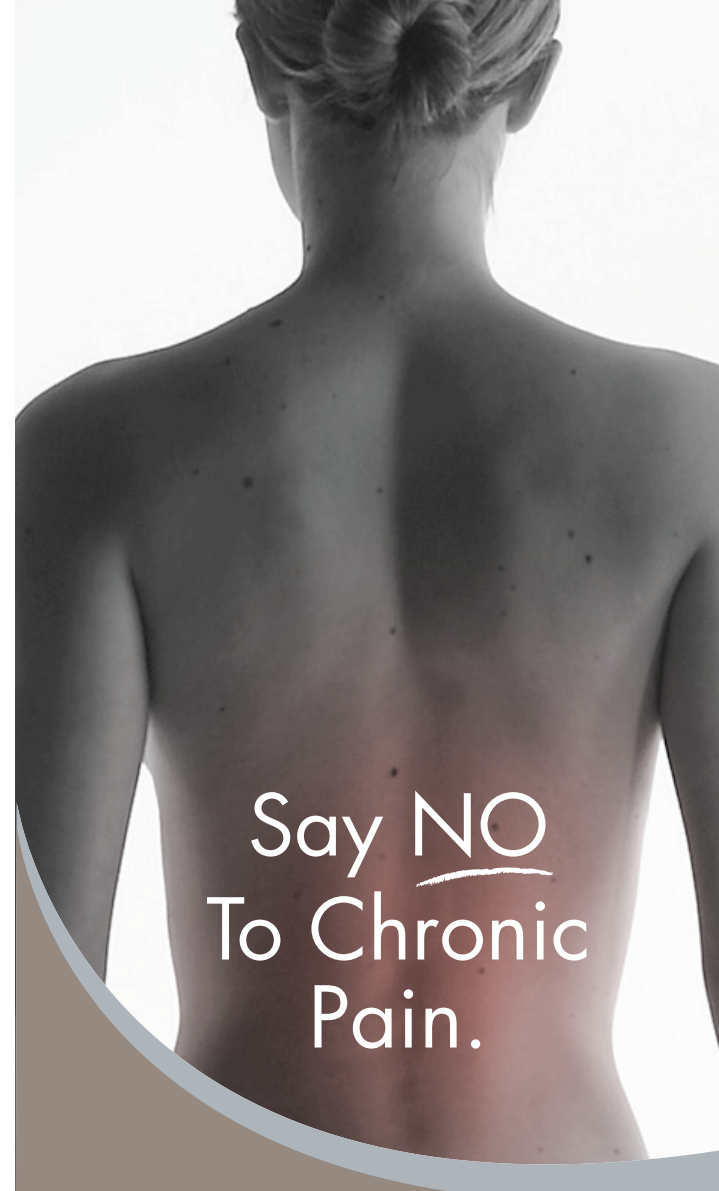
Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**DO NOT SUBSTITUTE  
Confidential Information**



Say NO  
To Chronic  
Pain.



**BEST-PRO 1™**

**AVAZIA**

# BEST-PRO 1™

## The Next Generation of Electro-Stimulation Therapy



The AVAZZIA BEST-Pro 1™ is an effective, portable and economic solution to address the healthcare concerns of today's active population.

The device is a microcurrent, biofeedback, electro-stimulation product cleared by the FDA for use transcutaneously for relief of pain.

BEST™ products are hand-held, battery-powered devices that apply relaxation-stimulation pulses.

### BEST-PRO 1™ FEATURES & BENEFITS

Micro-current biofeedback feature to interact with the body's responses to stimulus for more effective therapy.

Can be used by itself or with accessories for better area coverage and delivery of electro-stimulation therapy.

Hand-held and battery operated for convenience and ease of use.

Covered by most insurances including Medicare.

Four modes for customized treatment:

- Relax/Assess
- Stimulation
- Deep Stimulation
- Acute

Additional Benefits Include:

- Relief for chronic and intractable pain
- Non-pharmaceutical relief means no drug side effects
- Manages post-surgical and post-traumatic pain
- 21st century needs are met with modern space-age technology

### OPTIONAL ACCESSORIES

- Conductive Back Wrap – Reinforced support with adjustable electrode pads



- Y Electrode – A special, Y shaped accessory with curved electrodes for large, soft tissue application



- Comb Electrode – Unique therapeutic tool for application beneath the hair



*Revitalize!* Health Spa and Organic Store

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