



MENIETT[®] MICROPRESSURE PULSE GENERATOR PRESCRIPTION FORM

Physician Information

Date: _____

Name: _____

NPI: _____ Phone: (____) _____ Cell: (____) _____

Fax: _____ E-mail: _____

Address: _____

City, state, zip: _____

Physician signature: _____

Patient Information

Name: _____

Patient DOB: _____ Phone: (____) _____

Best time of day to call: ____ AM ____ PM Email: _____

Address: _____

City, state, zip: _____

Name of insurance carrier: _____

Insurance policy no.: _____ Phone number on insurance card: _____

Patient signature: _____ Date: _____

____ Yes, I am willing to be contacted regarding reimbursement of the Meniett[®] device.

For your convenience, you may print this prescription form to bring to your doctor's appointment. This form must be completed and signed by your doctor, then faxed to (678) 380-0500.

If you have not been contacted within 48 hours after your doctor has faxed your prescription, please contact your doctor to make sure the prescription form was faxed successfully.