TRANSCUTANOUS ELECTRICAL NERVE STIMULATION (TENS) ORDER

Patient Name: _____ **DOB:** _____

Address: _____ **Phone #:** _____

Insurance ID #: _____

Check all that apply:

□ TENS Device, four or more leads QTY: _____

□ TENS Stimulation Pad Supplies QTY: _____

DIAGNOSIS/ICD-10 CODE(S): _____

Prescriber Name: _____ **NPI:** _____

Office Address: _____ **Phone #:** _____

Prescriber Signature: _____ **Date:** _____

INLAND
DURABLE MEDICAL EQUIPMENT
& MEDICAL SUPPLY

1426 W. 6th St Suite 108 Corona, CA 92882
Ph: (951) 278 - 1222 Fax: (951) 278 - 9229
InlandDME@gmail.com