Please return completed form to patient or fax to 877-331-0556, attention Gayle Roussel, APRN

Phone: 860-748-4318

Please be advised that I have diagnosed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with the following debilitating medical condition(s):

[ ]  Cancer

[ ]  Positive Status for Human Immunodeficiency Virus or Acquired Immune

 Deficiency Syndrome

[ ]  Parkinson's Disease

[ ]  Multiple Sclerosis

[ ]  Damage to the Nervous Tissue of the Spinal Cord with Objective Neurological

 Indication of Intractable Spasticity

[ ]  Epilepsy

[ ]  Cachexia

[ ]  Wasting Syndrome

[ ]  Crohn's Disease

[ ]  Post-Traumatic Stress Disorder

[ ]  Sickle Cell Disease

[ ]  Post Laminectomy Syndrome with Chronic Radiculopathy

[ ]  Severe Psoriasis and Psoriatic Arthritis

[ ]  Amyotrophic Lateral Sclerosis

[ ]  Ulcerative Colitis

[ ]  Complex Regional Pain Syndrome, Type 1 and Type II

[ ]  Cerebral Palsy

[ ]  Cystic Fibrosis

[ ]  Irreversible Spinal Cord Injury with Objective Neurological Indication of

 Intractable Spasticity

[ ]  Terminal Illness Requiring End-Of-Life Care

[ ]  Uncontrolled Intractable Seizure Disorder

[ ]  Spasticity or Neuropathic Pain Associated with Fibromyalgia

[ ]  Severe Rheumatoid Arthritis

[ ]  Post Herpetic Neuralgia

[ ]  Hydrocephalus with Intractable Headache

[ ]  Intractable Headache Syndromes

[ ]  Neuropathic Facial Pain

[ ]  Muscular Dystrophy

[ ]  Osteogenesis Imperfecta

[ ]  Chronic Neuropathic Pain Associated with Degenerative Spinal Disorders

[ ]  Interstitial Cystitis

[ ]  MALS Syndrome (Median Arcuate Ligament Syndrome)

[ ]  Vulvodynia and Vulvar Burning

[ ]  Intractable Neuropathic Pain that Is Unresponsive to Standard Medical

 Treatments

[ ]  Tourette Syndrome

[ ]  Ehlers-Danlos Syndrome Associated with Chronic Pain

[ ]  Chronic Pain of at least 6 months duration associated with the following

 underlying chronic condition:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 which is refractory to other treatment interventions

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_