PERFORMANCE PHYSICAL THERAPY

"BIO ELECTRICAL FITNESS"

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https://miraclecharge.com/

Prescription Request Form for General Well-Being Sessions

I, [_____], request a Prescription Request Form for General Well-Being Sessions. I have read information on microcurrent charging and would like to participate in this well-being, non-medical, non-invasive procedure. I have not been promised any results, but I have read studies that show improvement, and I would like to see if it could have some positive results for me.

Patient Information:
Patient Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Email: _____
Prescription Request Details: _____
_____
_____

1. Explanation of Purpose: Your patient is interested in using therapeutic devices, including the Electro Myopulse and Electro Accuscope, for general well-being and relaxation. The intention is to complement any ongoing medical treatment, emphasizing that these sessions are akin to adopting a fitness regimen or making lifestyle choices conducive to optimal health, similar to quitting smoking or incorporating vitamins.

2. Potential Benefits: Microcurrent therapy facilitates the body's innate healing capacity, fostering a state of optimal well-being. Enhancing the production of ATP (adenosine triphosphate) places individuals in a unique physiological state. This cellular revitalization not only promotes self-healing but also elevates the body to a level of vitality. It is believed that enhancing the patient's well-being through non-invasive, non-medical means can complement the medical care provided. An electrically fit body can potentially support overall health and wellness.

3. Collaboration: This prescription request is made with the understanding that the patient will have a microcurrent charging session. **Staff are not medical professionals**, but they are experienced in guiding the safe use of FDA-approved devices in the tens (microcurrent) category. Unlike tens machines, this procedure doesn't numb the nerves; the Accuscope regenerates nerves. Patients typically experience improvement within three treatments. In some cases, this is all that is needed.

4. Medical Practitioner's Certification: I, the undersigned, hereby certify that the use of the specified therapeutic devices for general well-being purposes is appropriate for the patient named above. He/She does not have a pacemaker, is not pregnant, or has any other physical condition that would be of concern for the use of these instruments. This therapy is intended for general wellness. Our proof is from our clients' improvements after the procedure.

Medical Practitioner Information:

Doctor's Name: _____
Medical License Number: _____
Clinic/Hospital Name: _____
Clinic/Hospital Address: _____
Phone: _____
Email: _____

Doctor's Signature: _____Date: _____