Section 1 PATIENT (To be completed by the patient)

NAME	RELATIONSHIP TO INSURED	
ADDRESS		
CITY	STATE	ZIP
PHONE (HOME)	(WORK)	SEX [ ] M [ ] F
SOCIAL SECURITY #	DATE OF BIRTH	

Section 2 INSURANCE INFORMATION (Please attach or fill in required information)

INSURED'S NAME		
EMPLOYER	INSURANCE COMPANY	
ADDRESS		
CITY	STATE	ZIP
PHONE	SUBSCRIBER #	
POLICY #	GROUP #	
EMPLOYER W/C [ ]	CLAIM #	
AUTO [ ]	CLAIM #	
PRE AUTHORIZATION #		

Section 3 DOCTORS INFORMATION (may use stamp)

DR'S NAME	[ ] MD [ ] DPM [ ] DO	
ADDRESS		
CITY	STATE	ZIP
PHONE		

Section 4 MEDICAL NECESSITY (Reason for need / Medical Necessity)

Increased functional activity [ ] Fortify joint stability [ ] Reduce swelling [ ]

Other [ ]

DATE OF SURGERY

LENGTH OF NEED: [ ] DAYS [ ] 1-3 MONTHS [ ] 3-6 MONTHS [ ] 6+ MONTHS

HOURS OF USE: [ ] HOT THERAPY [ ] COLD THERAPY [ ]

PATIENT HAS BEEN SUFFERING FROM THIS CONDITION FOR: [ ] MONTHS [ ] YEARS (Chronic 3 months or more)

PREVIOUS MEDICATIONS AND / THERAPY TREATMENT HAVE BEEN:

THE FOLLOWING CONTRAINDICTIONS ARE PRESENT THAT PROHIBIT THE USE OF ELECTRIC HEATING PADS, HOT PADS OR PAIN MEDICATIONS:

[ ] Oxygen rich environment [ ] Patient consciousness or safety awareness

[ ] Drug Interaction [ ] Restricted pain medication due to medical condition (e.g., stroke)

Explain:

DESCRIPTION OF PRESCRIBED TREATMENT(S) PROVIDED BY THE THERMAZONE SYSTEM FOR THE ABOVE PATIENT

[ ] TZ system provides continuous temperature controlled therapy that can not be achieved by heating pads or ice packs.

[ ] TZ system is safer to use and reduces the risk of injury / tissue damage compared to heat gel packs or ice .

[ ] TZ system delivers prescribed time durations, treatment intervals and temperature for patient recovery.

DESCRIPTION OF PRESCRIBED TREATMENT(S) PROVIDED BY THE THERMAZONE SYSTEM FOR THE ABOVE PATIENT

[ ] Chronic pain [ ] Increase blood flow to damaged tissue [ ] Reduce swelling post surgery

[ ] Reduced pharmaceutical usage [ ] Drug free pain relief [ ] Increase joint range of motion

[ ] Reduce risk of inflammatory response [ ] Reduce muscle inhibition and atrophy

Section 5 BASED UPON PATIENT'S DIAGNOSIS THE FOLLOWING IS BEING PRESCRIBED.

Item	Code		
[ ] 003-02 ThermaZone Device	E0217	**(This item must be order with specified pads below.)**	
Item	**Code**		**Code**
[ ] 003-15 Regular Shoulder Pad	E0249	[ ] 003-10 Front & Side Head Pad	E0249
[ ] 003-17 Knee Pad	E0249	[ ] 003-11 Rear head (Occipital)	E0249
[ ] 003-18 Back Pad	E0249	[ ] 003-12 Eye Pad	E0249
[ ] 003-19 Ankle Pad	E0249	[ ] 003-13 Universal Pad	E0249
[ ] 003-20 Large Shoulder Pad	E0249		

The ThermaZone device delivers the precise therapy per the prescription. I recommend this particular device for home use as part of the patient's recovery and physical therapy treatment.

●DISPENSE AS WRITTEN DO NOT SUBSTITUTE●

PHYSICIAN'S SIGNATURE **DATE**

I have been informed and recognize that the primary responsibility for contacting and submitting claims to my insurer is my responsibility. I also understand that I am responsible for deductibles or co-payments not covered by my insurance. Should my insurance plan not provide coverage in its entirety for any reason, I understand that I may be responsible for the cost associated with the prescribed therapy. I also have been given advanced notice that Medicare does not pay for cold therapy products obtained by ThermaZone. I understand that because these items are excluded from Medicare coverage I am responsible for full payment to the provider of these cold therapy products.

PATIENT'S SIGNATURE **DATE**

THERMA ZONE™
CONTINUOUS THERMAL THERAPY™

THE PHYSICAN CERTIFIES THE FOLLOWING APPROPRIATE ICD-9

INJURY DIAGNOSIS	C-SPINE	T-SPINE	L-SPINE	AC JOINT CLAVICLE	SHOULDER	SCAPULA
Fracture	805.00	805.20	805.40	810.03	-	811.00
Discloc.	839.00	839.21	839.20	831.04	831.00	831.90
Spr /Str	847.00	847.10	847.20	840.00	840.90	840.90
Contusion	922.31	922.30	922.30	923.00	923.00	923.01
Tend / Burs	-			-	726.10	-
Wound	876.00	876.00	876.00	-	880.00	880.01
DJD	721.00	721.20	721.30	715.11	715.11	-
HUMERUS	**ELBOW**	**FOREARM**	**WRIST**	**HAND**	**FINGER**	**PELVIS**
812.20	813.00	813.20	814.00	815.00	816.00	808.80
831.00	832.00	839.80	833.00	839.80	834.00	839.69
840.90	841.90	841.90	842.00	842.10	842.10	848.90
923.03	923.11	923.10	923.21	923.20	923.30	922.90
-	726.30	-	726.40	726.40	726.40	-
880.03	881.01	881.00	881.02	882.00	883.00	879.60
-	715.12	715.13	715.14	715.04	715.04	-
HIP	**FEMUR**	**PATELLA**	**LEG**	**ANKLE**	**FOOT**	**TOE**
820.80	821.00	822.00	823.80	824.80	825.20	826.00
835.00	-	836.30	839.80	837.00	838.00	838.09
843.90	843.90	844.90	844.90	845.00	845.10	845.10
924.01	924.00	924.11	924.10	924.21	924.20	924.30
726.50	-	726.60	726.71	726.70	726.70	726.79
890.00	890.00	891.00	891.00	891.00	892.00	893.00
715.15	715.15	715.16	715.17	715.17	715.07	715.07

BACK AND NECK	Code	SHOULDER AND ELBOW	Code
Radiculitis	723.40	Lat. Epicondylitis	726.32
Cerv. Dis. Hern.	722.20	Olecranon Bursitis	726.33
Thoracic Kyphosis	737.10	Shoulder Capsulitis	726.00
Scoliosis	737.30	Bicep Tendonitis	726.12
Facet Arthritis	724.90	Impingement Syndrome	726.19
Lumber Disc. Hern.	722.10	Rotator Cuff Tear	727.61
Spondylolisthesis	756.12	**HAND AND WRIST**	**Code**
Sciatica	724.30	DeQuervain's	727.04
Lumbar Spinal Ste	724.02	Trigger Finger	727.03
Sacrum / Coccyx Fx	805.60	Dupuytren's Contracture	728.60
Lumbar Radiculopathy	724.40	Ganglion	727.43
Cervical Radiculopathy	723.40	Colles' Fracture	813.41
		Carpal Tunnel Synd.	354.00

KNEE	Code	MISCELLANEOUS	Code
Chondromalacia	717.70	Osteoarthritis	715.10
Baker's Cyst	727.51	Rheumatoid Arthritis	714.00
Tear Med. Meniscus	836.00	Ret. Hardware	996.67
Tear Lat. Meniscus	844.20	Osteoporosis	733.00
Tear Amt / Post Cruc. Lig	844.10	Osteomyelitis	730.00
Loose Bodies	844.00	Devel Disloc. Hip	754.30
Osgood Schlatter's Dis	732.40	Infection	136.90
Internal Derangement	717.90	Lower Limb Def.	755.30
FOOT	**Code**	Synovitis	727.00
Plantar Fasciitis	728.71	Tib. Torsion	736.89
Morton's Neuroma	355.60	Non-Union	733.82
Tibialis Tendinitis	726.72	Foreign Body	729.60
Hammer Toe	735.40	Joint Effusion	719.00
Hallux Rigidus	735.20	Hemarthrosis	719.10
Sesamoiditis	733.99	Osteochonci	732.70
Pes Planus	754.61	Fem Version	755.63
Achilles Tendon Rupture	845.09	Av. Necrosis	733.40
Hallux Valgus	735.00	Rib Fx	807.00
Osteochondrosis	732.50	Cerebral Palsy	343.90
Osteochondritis	732.70		
Gout	274.90		
Tarsomet Discloc.	838.03		
Metatarsalgia	726.70		

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