CES Ultra Prescription Form

Rx

Cranial electrotherapy stimulator (CES Ultra): Unspecified Medical equipment E1399, with electrodes E1399, supplies A4556, education 99241

Physician/Healthcare Provider: Name_____ DEA# _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Patient name: _____
Address: _____
City: _____ State: _____ Zip: _____

Medical Necessity:
For ____ Anxiety (ICD-9300); _____ Depression (ICD-9311); _____ Insomnia (ICD-9370)

Dispense as written

Signature: _____ Date: _____