

# THERAPY PAIN RELIEF Prescription (Physician Order/CMN)



Caremore Medical Supply  
7 Bay 35th Street  
Brooklyn, NY 11214  
Tel: 917.809.9090  
Fax: 917.809.7079

DATE OF INJURY: \_\_\_\_\_

Patient Name	Gender	D.O.B.
Address		Phone
Insurance Name		ID Number

### TENS UNIT 4 LEAD



TENS units are prescribed for **Knee Arthritis** only.

Check Here

### MOIST HEATING PAD



Moist Heating Pads are prescribed for Pain & Aches.

Check Here

### POSITIONING CUSHION



Cushions are prescribed for Pain & Aches.

**BACK CUSHION**

**CERVICAL PILLOW**

**DONUT SEAT CUSHION**

### ICD-9 Codes:

<input type="checkbox"/> 723.1- CERVICAL PAIN	<input type="checkbox"/> 719.41- SHOULDER PAIN
<input type="checkbox"/> 715.90- OSTEOARTHRITIS	<input type="checkbox"/> 719.42- ELBOW PAIN
<input type="checkbox"/> 714.0- RHEUMATOIDARTHRITIS	<input type="checkbox"/> 719.44- HAND PAIN
<input type="checkbox"/> 719.5- STIFFNESS IN JOINT	<input type="checkbox"/> 719.45- HIP/THIGH/BUTTOCKS PAIN
<input type="checkbox"/> 729.1- FIBROMYALGIA	<input type="checkbox"/> 719.46- KNEE PAIN
<input type="checkbox"/> 724.2- LUMBAR PAIN	<input type="checkbox"/> 719.49- MULTIPLE SITES OF PAIN

Physician Name	
NPI	License
Address	
Phone	Fax

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN FAX: 917.809.7079**