

Electromedical Products International, Inc.

2201 Garrett Morris Parkway
Mineral Wells, TX 76067-9034 USA
(940) 328-0788 Fax: (940) 328-0888



www.alpha-stim.com

email: alpha-stim@epii.com
1.800.FOR.PAIN (367-7246)

Statement of Medical Necessity for Alpha-Stim® Purchase

Please print or type all * required fields

Claim# (if applicable) _____

PATIENT INFORMATION	
*Patient Name _____	Date of Birth _____
*Responsible Party (if applicable) _____	
*Address _____	
*City _____	*State _____
*Zip _____	*Country _____
*Phone _____	Email _____

To Whom It May Concern:

I am ordering the purchase of an Alpha-Stim® prescription electromedical device complete with accessories for the above named patient to use at home as a conservative method of treatment.

I want this patient to have the following Alpha-Stim® device (*do not substitute*). Use as directed:

- Alpha-Stim® M** microcurrent stimulator for the control of pain, anxiety and/or insomnia.
- Alpha-Stim® AID** cranial electrotherapy stimulator for the treatment of anxiety and/or insomnia.

The patient's current diagnosis applicable to the Alpha-Stim® treatments is:

_____ ICD10 Code: _____

_____ ICD10 Code: _____

Yours truly,

LICENSED HEALTHCARE PRACTITIONER INFORMATION	
*Name, Degree _____	
*NPI _____	*State License Number _____
*Address _____	
*Phone _____	Fax _____
*City _____	*State _____
*Zip _____	*Country _____
Email _____	Rep Name _____
*Signature _____	Dispense Date (Valid for 1 year from dispense date) _____