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## Statement of Medical Necessity for Alpha-Stim® Purchase

ALL FIELDS MARKED WITH \* ARE REQUIRED TO DISPENSE AN ALPHA-STIM® DEVICE.

### PATIENT INFORMATION

\*Patient Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Responsible Party (if applicable): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**As a Licensed Health Care Practitioner**, I am providing this document and completing the information below to serve as a prescription for the Alpha-Stim® Electromedical device, complete with accessories, for the above-named patient, to use at home as a conservative method of treatment.

\*I am prescribing this patient to have the following Alpha-Stim® device to use as directed: *(please choose one)*

#### Alpha-Stim® M and its accessories

☐ microcurrent stimulator for the control of pain, anxiety, and/or insomnia.

OR

#### Alpha-Stim® AID and its accessories

☐ cranial electrotherapy stimulator for the treatment of anxiety and/or insomnia.

**\*The patient's current diagnosis(es) applicable to the Alpha-Stim® treatments is (are):**

1. \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_ 3. \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

2. \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_ 4. \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

### PRESCRIBING HEALTH CARE PRACTITIONER INFORMATION

\*Practitioner Name \_\_\_\_\_ \*Degree/Title (MD, DO, NP, etc.): \_\_\_\_\_

\*NPI: \_\_\_\_\_ \*State License Number: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

I certify that I am licensed in my state to write a prescription for a medical device, and I am the prescribing provider identified in this form. I certify that the statement of medical necessity information on this form is true, accurate, and complete, to the best of my knowledge.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_ *(Rx valid for one year from the date on this form)*

Please fax or email completed form to: 940-328-0888 or info@epii.com  
You may order your device online at www.alpha-stim.com or call us at 800-367-7246