



**amg**  
apple medical group  
pain and orthopedic solutions

**Letter of Medical Necessity and RX**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

TENS Unit (E0730): \_\_\_\_\_ Walker: \_\_\_\_\_

NMES Unit (E0745): \_\_\_\_\_ Wheelchair: \_\_\_\_\_

Nebulizer E0570: \_\_\_\_\_

**Supplies:** Lifetime \_\_\_ 3 packages a month X 99+months  
 Year Supply \_\_\_ 3 packages a month X 12 months  
 Six Months \_\_\_ 3 packages a month X Six Months  
 Other \_\_\_ \_\_\_ Packages a month X \_\_\_ Months

Medical Necessity NMES and TENS:

\_\_\_ Pain Control      \_\_\_ Relax Muscle Spasms      \_\_\_ Re-educate Muscles  
 \_\_\_ Retard Disuse Atrophy      \_\_\_ Recent Hip Replacement Surgery  
 \_\_\_ Major Knee Surgery (failure to respond to physical Therapy)

Diagnosis Code(s): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

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

NPI: \_\_\_\_\_

Phone: 480 941-4141      Fax: 480 429-9229

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