

Self-Pay Electrotherapy Prescription Form

Patient's Name _____ Date of Birth _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Clinic Name: _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

	Neck	Low Back	Mid Back	Shoulder	Elbow	Wrist	Knee	Hip	Foot	Ankle
Pulse Width	M 100-150	F 260	F 100	F 260	F 100	F 100	M 100-150	F 200	M 100-160	F 100
Pulse Rate	M 60-100	M 50-80	M 100-150	M 80-100	F 100	F 260	F 120	M 100-150	M 60-100	F 100

M=Modulates Between

F=Fixed At

Physician product information:



Current Solutions™ **InTENSity 10™** electrotherapy devices have 10 pre-defined body specific settings that are designed for ease of use. The unit's features are comparable to the #1 prescribed electrotherapy brand and offer patients significant cost savings.

Physician's Signature _____ Date _____