## PRESCRIPTION ORDER FORM



P.O.Box 150063 Kew-Gardens NY 11415 https://vertexventuresinc.com

			1111p3.//	vertexventuresinc.com
Patient information ——				
Patient Name ————————————————————————————————————	— Date of	Birth —	Date of Injury ———	Zip Code —
Patient Address		City —	Sta	te
Phone	E-mail		Web	
Diagnosis and Related Info ——				
☐ L/Back ☐ Elbow ☐ Shoulde	r L/R Wrist L/R	◯ Knee L/R	☐ Ankle L/R	
Primary Diagnosis —		Secondary Diagnos	sis ————	
PRODUCT: Vertex Ventures TENS Unit  As the referring provider, I am prescribing the designed to deliver Transcutaneous Electrical electrical pulses to the skin, which help block production and painkillers. This non-invasive treatment The Vertex Ventures TENS Unit is suitable for between 15-30 minutes per session, depending indicated to treat this patient's condition effective.	e Vertex Ventures TENS Unit Nerve Stimulation. The devoain signals from reaching that aids in reducing discomfodiverse needs and should begon individual treatment re	rice provides tempor ne brain and encour ort and promoting lo e used for a duration	rary relief of minor pain rage the release of endor calized relief without the recommended by the p	by sending gentle rphins, the body's e need for medication. ohysician, generally
Physician's information ——				
Physician's Name	——————————————————————————————————————	ddress ————		
City	te	Zip Code ———	Phone —	
NPI —		License ———		
Physician's Signature				Date