

R_x Physician's Prescription

Please complete the information below and email/fax this form along with notes related to the relevant medical history & treatment to: info@samrecover.com or Fax: 888-202-9831

PATIENT INFORMATION: Patient Name: _____ Date of Birth: _____ SS#: _____ - _____ - _____ Patient Address: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____

DIAGNOSIS and RELATED INFO: Diagnosis: _____ ICD 10 Code: _____ Symptoms: _____ Limitations: _____ Pain Level: <input type="checkbox"/> No Pain <input type="checkbox"/> Mild Pain <input type="checkbox"/> Moderate Pain <input type="checkbox"/> Severe Pain <input type="checkbox"/> Worst Pain Possible Range of Motion: <input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> Resistive	Date of Incident: _____
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PRODUCT: sam[®] (Sustained Acoustic Medicine) Unit and Coupling Patches

I am prescribing sam[®] which is an FDA cleared wearable Ultrasound for multi-hour treatment to reduce pain and accelerate the natural healing cascade for musculoskeletal related injuries. sam[®] has been clinically shown to increase Collagen Lay-down, increase Oxygenated Hemoglobin in the muscles and increase Blood-flow to accelerate the recovery and reduction of pain for the associated injury. sam[®] can be used as an adjunct therapy with Physical Therapy and exercise. I certify that the sam[®] unit is medically indicated and in my opinion is reasonable and necessary to treat this patient's condition.

sam[®] Product Includes: Dual Applicators; Power Controller; Charger; 1 Tube of Coupling Gel; & 1 box (10 pieces) + 3-Pack of sam[®] Sport Coupling Patches (120 pieces total)

Duration of Treatment: 1 Treatment per day; up to 4 Hours per day for up to 8 Weeks

PHYSICIAN'S INFORMATION: Physician's Signature: _____ Date: _____ Physician Print Name: _____ Physician Address: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____ NPI #: _____ License #: _____
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NOTE: Please include (FAX or Email) all the appropriate Medical Notes with the Prescription