



MENIETT® LOW-PRESSURE PULSE GENERATOR PRESCRIPTION FORM

Physician Information

Date: _____

Name: _____

Phone: _____ Cell: _____

Fax: _____ E-mail: _____

Address: _____

City, state, zip: _____

Physician signature: _____

Patient Information

Name: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Best time of day to call: ____ AM ____ PM Email: _____

Address: _____

City, state, zip: _____

Name of insurance carrier: _____

Phone number on insurance card: _____

Patient signature: _____ Date: _____

____ Yes, I am willing to be contacted regarding reimbursement of the Meniett® device.

For your convenience, you may print this prescription form to bring to your doctor's appointment. This form must be completed and signed by your doctor, then faxed to (678) 380-0500.

If you have not been contacted within 48 hours after your doctor has faxed your prescription, please contact your doctor to make sure the prescription form was faxed successfully.