

# Prescription Form

Name:	
Address:	Phone #:
Date of Birth:	
Insurance Company:	
Policy/Claim #:	Member I.D #:
Prescription For:	
<ul style="list-style-type: none"> <li><input type="radio"/> <b>OSTE IV (LIPUS) 20 min/day for acute fracture/non-union (no substitutions)</b></li> </ul>	
Diagnosis:	
<ul style="list-style-type: none"> <li><input type="radio"/> Non-union</li> <li><input type="radio"/> Smoker</li> <li><input type="radio"/> Diabetes</li> <li><input type="radio"/> Revision</li> <li><input type="radio"/> High Risk (Complicated) fracture</li> <li><input type="radio"/> Low Pain Tolerance</li> <li><input type="radio"/> Osteoporosis</li> <li><input type="radio"/> Infection</li> </ul>	
Prescribed by:	Date:
Contraindications:	
<p>Osteotron IV: Over thoracic area in patients with cardiac pacemakers. Abdominal and pelvic regions during pregnancy. Patients with serious infection such as tuberculosis. Areas with open wound. Areas with thrombophlebitis.</p>	