

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The above referenced patient is under my care and is experiencing high levels of pain. In an effort to reduce the prescribing of pain medication including opioids for my patients I have prescribed the sam® Sport medical device to treat this patient's soft tissue injuries and address the chronic pain. The use of pain medication and opioids has been associated with high rates of addiction and death due to overdose. I urge you to approve the sam® Sport to treat this patient. Thank you.

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_