

R_x Physician's Prescription

Please complete the information below and us either Secure Email or FAX to return this form (along with notes related to the relevant medical history & treatment) to: liaisonorders@handimedical.com

fax: 651.529.1491 Phone: 651.529.1490

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

DIAGNOSIS and RELATED INFO:	Date of Incident: _____
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	

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, accelerate Angiogenesis effect for capillary development, 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) + a 60-day supply of sam[®] Sport Coupling Patches

Duration of Treatment: 1 Treatment per day; up to 4 Hours per day for up to 60 days

PHYSICIAN's INFORMATION:	
Physician's Signature: _____	Date: _____
Physician Print Name: _____	
Physician Address: _____	
City: _____	State: _____ ZIP Code: _____ Phone: _____
NPI #: _____	License #: _____

Insurance Carrier: _____

Claim #: _____

Employer Name: _____

Adjuster's Name _____ Phone _____

Adjuster's Email: _____

NOTE: Please include (FAX or Secure Email) all the appropriate Medical Notes with the Prescription

Note: Information to be dictated in each patient's medical notes:

I am prescribing the sam Sport wearable ultrasound device to control swelling, reduce pain, and accelerate musculoskeletal healing for this patient. sam Sport should be used for 4 hours per day for 60 days to accelerate collagen lay down, increase oxygenated hemoglobin in the muscles, accelerate angiogenesis effect for capillary development, and to increase local blood flow. According to a study by Best et al, multi-hour ultrasound therapy was associated with improved pain and increased function in subjects with chronic tendon injuries. This trial showed the safety and feasibility of self-administration of sustained acoustic medicine. This device is prescribed to control pain to reduce/eliminate the need for pain medication including opioids. The sam Sport device may be used at home or at work.