

Please PRINT CLEARLY and complete the information below.

<b>PATIENT INFORMATION:</b>	
Patient Name: _____	Date of Birth: _____ SS#: _____ - _____ - _____
Address: _____	City: _____ State: _____ Zip Code: _____
Email: _____	Employer: _____ Phone: _____
Insurance: _____	Address: _____ Claim : _____
Adjuster's Name: _____	Phone: _____ Fax: _____ Date of Injury: _____
Diagnosis: _____	ICD 10 Code: _____
Symptoms: _____	
Limitations: _____	

**PRODUCT:** sam<sup>®</sup> (Sustained Acoustic Medicine) Unit and Coupling Patches

*"I am prescribing the sam<sup>®</sup> Low Intensity ultrasound device to control and/or reduce pain, to accelerate musculoskeletal healing, and to avoid the need for narcotic pain medications, including opioids.*

*I am prescribing sam<sup>®</sup> to be used for up to 4-hours per day for a minimum of \_\_\_\_\_ days to encourage organic healing by: accelerating collagen lay down, oxygenated hemoglobin in the muscles, angiogenesis effect for capillary development, increase local blood flow, and is a conservative measure in the plan of Care for this patient in an attempt to avoid a surgical intervention. It is to be used at home or at work."*

**sam<sup>®</sup> Product Includes:** Dual Applicators; Power Controller; Charger; 1 Tube of Coupling Gel; & 1 box (10 pieces) + 3-Packs of sam<sup>®</sup> Sport Coupling Patches (120 pieces total)

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

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

**NOTE:** Authorization cannot be obtained without all the necessary information. Thank you in advance.

***Information to be dictated in each patient's  
medical notes by the Ordering Physician:***

***I am prescribing the sam<sup>®</sup> Low Intensity ultrasound device to control and/or reduce pain, to accelerate musculoskeletal healing, and to avoid the need for narcotic pain medications, including opioids.***

***I am prescribing sam<sup>®</sup> to be used for up to 4-hours per day for \_\_\_\_\_ days to encourage organic healing by: accelerating collagen lay down, oxygenated hemoglobin in the muscles, angiogenesis effect for capillary development, increase local blood flow, and is a conservative measure in the plan of Care for this patient in an attempt to avoid a surgical intervention. It is to be used at home or at work.***