

Physician's Statement of Medical Necessity (Prescription)

Patient's Name _____

Date of Birth _____ SS# _____

Patient's Address _____

Patient's Phone# _____

Date of Injury/Onset _____ ICD-9 Code _____

Diagnosis _____

Previous Treatment(s)/Medications _____

Product Description

Micro-current Biofeedback TENS BEST-PRO1 Device with one lead wire, 1 set Conductive Pads

Conductive Garment for:

- | | |
|---|---|
| <input type="radio"/> Carpal Wrap | <input type="radio"/> Elbow Wrap |
| <input type="radio"/> Conductive Glove | <input type="radio"/> Ankle Wrap |
| <input type="radio"/> Shoulder Wrap | <input type="radio"/> Conductive Sleeve |
| <input type="radio"/> Low Back Wrap(6 inches tall) | <input type="radio"/> Arm or Leg Wrap |
| <input type="radio"/> High Back Wrap(8 inches tall) | <input type="radio"/> Conductive Sock |
| <input type="radio"/> Cervical Wrap | <input type="radio"/> Conductive Leg Sleeve |

Length of Need

_____ # of Months (short term)

_____ 10 months or longer (long term)

_____ Purchase

I certify that the above prescribed treatment is medically necessary for the patient's well being. In my opinion, the treatment is effective and is reasonable in the treatment of this patient's condition. I also certify that the information noted above is accurate to the best of my knowledge.

Physician's Info:

Name (print) _____

NPI Number _____

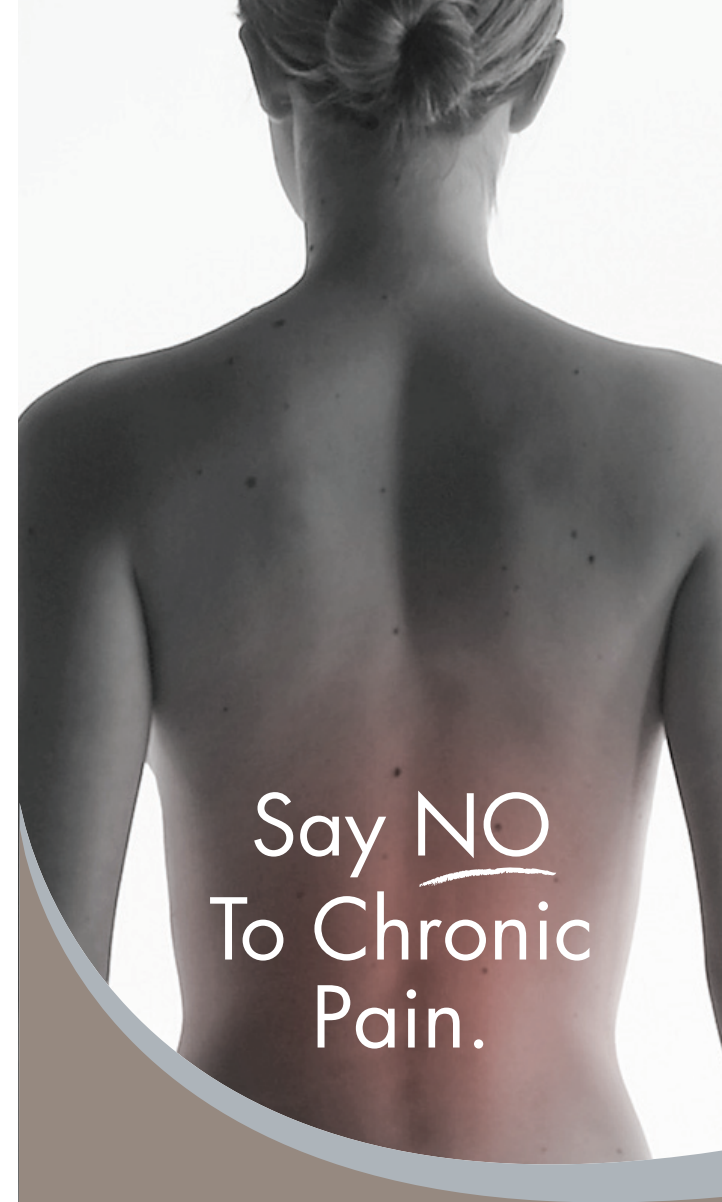
Clinic _____

Address _____

Phone# _____ Date _____

Physician's Signature _____

**DO NOT SUBSTITUTE
Confidential Information**



Say NO
To Chronic
Pain.

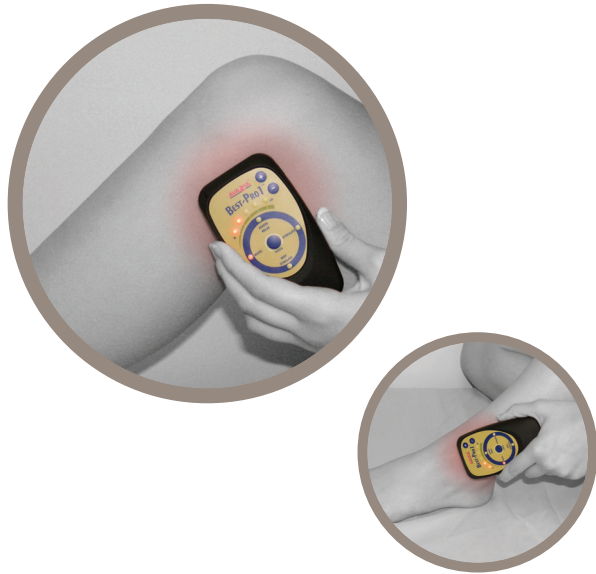


BEST-PRO 1™

AVAZIA

BEST-PRO 1™

The Next Generation of Electro-Stimulation Therapy



The AVAZZIA BEST-Pro 1™ is an effective, portable and economic solution to address the healthcare concerns of today's active population.

The device is a microcurrent, biofeedback, electro-stimulation product cleared by the FDA for use transcutaneously for relief of pain.

BEST™ products are hand-held, battery-powered devices that apply relaxation-stimulation pulses.

BEST-PRO 1™ FEATURES & BENEFITS

Micro-current biofeedback feature to interact with the body's responses to stimulus for more effective therapy.

Can be used by itself or with accessories for better area coverage and delivery of electro-stimulation therapy.

Hand-held and battery operated for convenience and ease of use.

Covered by most insurances including Medicare.

Four modes for customized treatment:

- Relax/Assess
- Stimulation
- Deep Stimulation
- Acute

Additional Benefits Include:

- Relief for chronic and intractable pain
- Non-pharmaceutical relief means no drug side effects
- Manages post-surgical and post-traumatic pain
- 21st century needs are met with modern space-age technology

OPTIONAL ACCESSORIES

- Conductive Back Wrap – Reinforced support with adjustable electrode pads



- Y Electrode – A special, Y shaped accessory with curved electrodes for large, soft tissue application



- Comb Electrode – Unique therapeutic tool for application beneath the hair



Revitalize! Health Spa and Organic Store

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