

This form may be required. for some products sale.

Prescription Form

Federal Law (U.S.) restricts the sale of electrotherapy devices to or by the order of a physician. In accordance with Federal Law, a prescription is required to purchase a LASER, TENS, EMS, Interferential, Microcurrent, Ultrasound unit if you are a patient ordering in the U.S. (replacement patches and accessories do not require a prescription).

There are certain instances when a TENS unit or other electrotherapy device should not be used, and your doctor can advise you of these. Electrotherapy devices should not be used if you are wearing a cardiac pacemaker except under the advice of a physician. Laser's can be used as an alternate for some conditions. .

Prescription Form (U.S. orders only)

You may use this form or have your healthcare provider use his/her own script pad. Print out this form and complete the top portion. Have your Health Care Provider (Medical Doctor, Chiropractor, Dentist, Podiatrist, Nurse Practitioner, Physicians Assistant, Ph.D., Physical Therapist, Doctor of Acupuncture or Doctor of Osteopathy) complete the bottom portion, sign it and mail or fax it in today.

Patient's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail _____

Type of device being prescribed (circle all that apply) **LASER, ENS EMS Interferential Micro Twinstim. Ultrasound**

Dr's Name _____ License # _____

Address _____

City _____ State _____ Zip _____

Dr.'s Phone _____

Doctor's Signature (required) _____

Date (required) _____

Print out and mail / fax / Scan & Email form to:

**Spectra Therapy, LLC
3863 Rochester Rd
Troy, MI 48083**

Prescription@SpectraTherapy.com

Ph: 248-524-6300

Fax 248-524-2983