

Prescriber's Prescription **Do Not Substitute**

Please complete the information below and fax this form along with notes related to the relevant medical history & treatment to: Darah Medical 855-570-8782

Patient Information

Patient Name _____ Date of Birth _____ SS# _____

Patient Address _____

City _____ State _____ Zip Code _____ Phone _____

Case Type: Workers Comp Auto Insurance Provider: _____ Claim#: _____

Address: _____ Adjuster: _____ Phone Number: _____

Diagnosis and Related Info

Diagnosis _____ Date of Incident _____ ICD 10 Code _____

Symptoms _____

Limitations _____

Pain Level: No Pain Mild Pain Moderate Pain Severe Pain

Product: CerviFit® Home Cervical Rehabilitation System- Device, weights and instructions

I am prescribing CerviFit® an evidenced-based, home neck strengthening treatment program to reduce pain and accelerate the natural healing cascade for cervical musculoskeletal related injuries. CerviFit® has been shown in internal studies to improve ROM (Range of Motion), tensile neck strength and vertebral alignment.

Prescriber Information

Prescriber's Signature _____ Date _____

Prescriber's Printed Name _____ Prescriber's Address _____

City _____ State _____ Zip Code _____ Phone _____

NPI# _____ License# _____

Note: Please include with this script all the appropriate medical notes.

Letter of Medical Necessity (LMN): CerviFit® is medically necessary for the treatment of the patient's aforementioned pathology for home reconditioning to mitigate any exacerbation and patient discomfort.

Further, I am prescribing the CerviFit home strengthening and reconditioning system in lieu of a facility based intermittent program. With the objective of improving the underlying medical conditions, the CerviFit has in internal studies with patient's with similar pathologies, shown improvement. I am not prescribing this program with the device for personal comfort or convenience. I have determined, based on my medical expertise and judgment, that the Cervifit Program and device, is the best course of daily treatment for my patient.