
Fax to: (800) 497-8856
info@militarymedical.us.com



Biostim, TENS, EMS

Drug-Free Pain Relief

TRICARE APPROVED



Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Cell: _____ Patient Email: _____

Sponsor's Social Security Number: _____

DX Code: _____ Dispense one (1) ePulse Unit

Physician Name: _____ Physician Phone: _____

NPI: _____

Physician Signature: _____

Clinic: _____

Questions? Call us at (800) 270-6990

info@militarymedical.us.com

1440 S. State College Blvd., Ste. 5H | Anaheim, CA 92806 | P (800) 270-6990 | F (800) 497-8856

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