



2628 ExecutivePlace Biloxi, MS  
 p: (601) 500-0337  
 www.mindandbodyinc.com

Statement of Medical Necessity for Mind and Body, Inc.

Date:	
Patient's Name:	
Date of Birth:	
Patient's Address:	
Patient's Phone Number:	
Date of Injury/Onset:	
Date of Last Office Visit:	
Diagnosis:	

Previous Treatments

<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Massage	<input type="checkbox"/>	Other

Medications:

Results: Check the one that applies:

<input type="checkbox"/>	Previous Treatments were sufficiently effective
<input type="checkbox"/>	Previous treatments failed and were not sufficiently effective

Product Description: Avazzia Microcurrent TENS Device Kit

<input type="checkbox"/>	Pro Sport 3™ kit	<input type="checkbox"/>	BEST RSI™ kit	<input type="checkbox"/>	Avazzia Blue™ kit
<input type="checkbox"/>	PRO-SPORT Ultra™ kit	<input type="checkbox"/>	BEST PRO-1™ kit	<input type="checkbox"/>	Other

Please dispense the Device with included 2 lead wire and conductive pads plus additional lead wires

<input type="checkbox"/>	4 lead wire	<input type="checkbox"/>	Other
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Length of Need:

<input type="checkbox"/>	Less than 9 months (short term)	<input type="checkbox"/>	9 months or longer (long term)
<input type="checkbox"/>	Purchase for home use	<input type="checkbox"/>	Other

I certify that the above prescribed treatment is medically necessary for the patient's wellbeing. I also certify that the information noted above is accurate to the best of my knowledge.

Physician's Signature: