



**ELECTRO MEDICAL DEVICE
REQUEST**
MEDICAL SERVICES DIVISION
SFN 54391 (01/2026)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – Claim information				
Claim number		Injured employee's (First name)		(Last name)
Date of birth			Date of injury	
Address				
City		State	ZIP code	Telephone number
SECTION 2 – Service request details				
Service requested				
Type of unit <input type="checkbox"/> Tens unit <input type="checkbox"/> Muscle stimulator <input type="checkbox"/> Combination unit <input type="checkbox"/> Other				
Therapist's name			Facility name	
Address				
City		State	ZIP code	Telephone number
Should the unit be shipped to the physical therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional information				
SECTION 3 – Supporting documentation				
<input type="checkbox"/> Supporting documentation attached				
SECTION 4 – Ordering provider				
Provider name			Provider specialty	
Clinic name				
Address				
City		State	ZIP code	Telephone number
Fax number			Email address	