



**ELECTRO MEDICAL DEVICE
CERTIFICATION REQUEST**
MEDICAL SERVICES DIVISION
SFN 54391 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
Telephone 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

| | | | |
|---------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|
| Date | | | |
| Injured Worker Information | | | |
| Injured Worker's Name | | Claim Number | |
| Date of Birth | | Date of Injury | |
| Address | | | |
| City | | State | Zip Code |
| | | | Phone Number |
| Physician Information | | | |
| Ordering Physician | | Last Date of Service | |
| Address | | | |
| City | | State | Zip Code |
| | | | Phone Number |
| Therapist Information | | | |
| Therapist's Name | | Facility | |
| Address | | | |
| City | | State | Zip Code |
| | | | Phone Number |
| <input type="checkbox"/> TENS Unit | <input type="checkbox"/> Muscle Stimulator | <input type="checkbox"/> Combination Unit (i.e.: All Stim) | <input type="checkbox"/> Other |
| New Rx <input type="checkbox"/> Yes <input type="checkbox"/> No | | Updated Rx for Continued Use <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Shipping Instructions – Ship to: | | | |
| Name | | Address | |
| City | | State | Zip Code |

COMMENTS:

PLEASE ATTACH THE CURRENT PRESCRIPTION