



North Dakota Workforce
Safety & Insurance

**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

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