

# SOUTHERN DRUGS & DIABETIC SHOPPE

418 EAST MAIN STREET – CHARLESTON, MS 38921

PHONE 662-647-2591 OR TOLL FREE 1-888-571-3533 – FAX 662-647-2411

## MOIST HEATING PAD PRESCRIPTION FORM

PATIENT ID#: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

PATIENT NAME: MR./MS. \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

PRIMARY: \_\_\_\_\_ SECONDARY: \_\_\_\_\_

POLICY #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

GROUP #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PH#: \_\_\_\_\_ FX#: \_\_\_\_\_ PH#: \_\_\_\_\_ FX#: \_\_\_\_\_

Cardholder Name & Birthday (If Different): \_\_\_\_\_

### RX FORM AND CERTIFICATE OF MEDICAL NECESSITY

ITEMS DISPENSED:

E0215 – MOIST HEATING PAD

Circle One

THIS HEATING PAD IS BEING USED FOR: **ARTHRITIS PAIN MANAGEMENT?** YES NO

DIAGNOSES: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PROGNOSES: GOOD FAIR POOR X \_\_\_\_\_

Physician or FNP Signature

PHYSICIAN OR FNP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

UPIN#: \_\_\_\_\_ MEDICAID#: \_\_\_\_\_

NOTES: