



NEURO-FITNESS LLC

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CES Ultra Prescription Form

Rx

Cranial electrotherapy stimulator (CES Ultra): Unspecified Medical equipment E1399, with electrodes E1399, supplies A4556, education 99241

Physician/Healthcare Provider: Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Patient name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Medical Necessity:

For: _____ Anxiety (ICD-9300) _____ Insomnia (ICD-9370)

Dispense as written

Signature: _____ Date: _____

NOTE: If you are ordering a CES Ultra Kit with a shipping destination outside the US, no prescription form is required.