

GOLDEN STATE MEDICAL, INC.
200 Linden Ave, Ste. 100
Auburn, CA 95603
800-696-2900

CERVICAL TRACTION DEVICE
PRESCRIPTION AND LETTER OF MEDICAL NECESSITY

Patient Name: _____

Date of Birth: _____

Purchase: Saunders Cervical Traction Unit (E0849)

ICD Code(s): _____

Is this an injury related to:

Workers' Compensation

Yes

No

Motor Vehicle Accident

Yes

No

The following information is required in order to justify the use of the above prescribed cervical traction unit.

1. Does this patient have a musculoskeletal or neurological impairment requiring traction equipment? Yes No
2. Does this patient require a traction unit capable of generating greater than 20 pounds of traction that is to be used in the home? Yes No
3. Does this patient have a diagnosis of TMJ dysfunction and has this patient received treatment for the TMJ condition? Yes No
4. Does this patient have distortion of the lower jaw or neck anatomy such that a chin halter is not able to be utilized? Yes No

I confirm the order for the above-named patient. I also certify that the prescribed treatment is both reasonable and medically necessary as part of my treatment plan for this patient's condition, as stated above.

Physician's Signature: _____ Date: _____

Physician's Name: _____

NPI #: _____

Address: _____

City/State/Zip: _____

Phone number: _____

PLEASE FAX THIS COMPLETED FORM TO GOLDEN STATE MEDICAL (530-885-3631)