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

LUMBAR TRACTION DEVICE
PRESCRIPTION AND LETTER OF MEDICAL NECESSITY

Patient Name:_____

D.O.B. _____

Is this an injury related to:
Workers' Compensation ☐ Yes ☐ No
Motor Vehicle Accident ☐ Yes ☐ No

Purchase: Saunders Lumbar Traction Unit (E0947)

Duration of use: Lifetime Purchase

ICD Code(s) applicable: _____

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

1. The above-named patient has been under my care since _____ for treatment of the referenced diagnosis.
2. Pain Severity:

   ☐ Chronic ☐ Intractable ☐ Severe ☐ Moderate ☐ Mild
3. Does this patient have a musculoskeletal or neurological impairment requiring traction equipment?

   ☐ Yes ☐ No
4. 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

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.

Physician's Signature: _____ **Date**: _____

Physician's Name: _____

NPI #: _____

Address: _____

City/State/Zip _____

Phone number: _____ **Fax :** _____

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