

870 N. Dorothy Dr. #708
Richardson, TX 75081
469-364-3420 Phone
469-364-3421 (Fax)

InterX Device Prescription

Date: _____ Patient Name: _____

DOB: _____ Patient Phone # _____

Date of Injury/Onset: _____ Surgical Procedure Date: _____

Diagnosis: _____ DX Code/Codes: _____

Home InterX Device _____ 1000 _____ 5002

Physician's Signature: _____

Printed Name: _____

Office Phone #: _____ Fax #: _____

NPI# _____ Date: _____