



InterX PRESCRIPTION

InterX Non-invasive Interactive Neurostimulation (NIN) System

Patient	FIRST NAME	LAST NAME
	ADDRESS	CITY, STATE, ZIP
	DATE OF INJURY/ONSET	DOB
	EMAIL	ICD-10-CM CODE

Prescription Information	<p>Select INTERX® RX DEVICE:</p> <p><input type="checkbox"/> INTERX® 5002 Pro Device Product# 1146-001</p> <p><input type="checkbox"/> INTERX® 1000 Personal Device Product# 1243-001</p> <p>Select INTERX® RX ACCESSORY ELECTRODES:</p> <p><input type="checkbox"/> INTERX® Dual Flexible Array Product# 1376-001</p> <p><input type="checkbox"/> INTERX® Single Flexible Array Product# 1299-001</p> <p><input type="checkbox"/> INTERX® Personal Flexible Array Product# 1475-001, Y Cable 1507-001, Strap 1590-001</p> <p><input type="checkbox"/> INTERX® Classic Array Product# 1569-001</p> <p><input type="checkbox"/> INTERX® Comb Product# 1070-001</p> <p><input type="checkbox"/> INTERX® Cosmetic Product# 1075-001</p> <p><input type="checkbox"/> INTERX® Dome Product# 1295-001</p> <p><input type="checkbox"/> INTERX® Soft Tissue - Small Product# 1538-001</p> <p><input type="checkbox"/> INTERX® Soft Tissue - Universal Product# 1674-001 *Compatible only with 5002 device</p> <p>HTK Enterprises D.B.A .InterX Technologies is the Sole Source Provider of InterX® Products.</p>	<p>Justification for prescribing InterX® can include:</p> <ul style="list-style-type: none"> ✓ Previous modalities ineffective / not suitable ✓ Injections ineffective / not suitable ✓ Patient has substance / opioid dependence issues ✓ Patient experiencing harmful side effects from other medications / treatments <p>InterX® Non-invasive Interactive Neurostimulation (NIN) Treatment is:</p> <ul style="list-style-type: none"> ● Non-invasive, safe alternative for acute, post-surgical and chronic pain management ● Interactive wave form which targets low impedance points providing comfortable, pain free treatment ● A non-accommodating patient specific therapy ● High amplitude/high density neurostimulation for endogenous opioid and neuropeptide release ● Light, portable pain treatment ● Safe over metal implants
	<input type="checkbox"/> ONGOING NEED (Lifetime Use)	

Prescriber Information	PRESCRIBER SIGNATURE	DATE	
	PRESCRIBER NAME	NPI#:	
	ADDRESS	PHONE NUMBER	
	CITY	STATE	ZIP

Contact InterX	<p>FAX or EMAIL completed form to:</p> <p>F: 469-364-3421</p> <p>orders@interx.com</p>	<p>HTK ENTERPRISES</p>  <p>HTK ENTERPRISES D.B.A. INTERX TECHNOLOGIES</p> <p>www.interx.com 972-807-2808</p>
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