Letter of Medical Necessity For TENS unit.

Date:

Dear Mr. Adjuster,

Mr. _____ has significant pain in his _____. Through Chiropractic care I anticipate improvement, (or he has reached maximum improvement) however, he will be in considerable pain for awhile.

I have initiated a trial of Transcutaneous Electrical Nerve Stimulation in my office and have found that it effectively reduces his pain. I am therefore prescribing a mobile TENS unit for his use at home, and at work, so that he may continue his activities of daily living without the use of, or with a lower dosage of NSAIDS, or narcotics.

Sincerely,