

# PRESCRIPTION

Record to support sales tax exemption claim for prescriptions of Michigan Dept. of Treasury R 205.139 Medical Equipment and Appliances. Rule 89(1)(2)(3)(4)(5).

Patient \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

"One of a Kind" Sleep System (Chirobed™) - Prescription is required for purchase

Copper Infused CHIROBEDIC Hybrid.

CHIROBEDIC Hybrid With Somni-Gel

CHIROBEDIC® (Build to Patient's BMI) - Prescription is not required for purchase.

Other \_\_\_\_\_

## Medical Necessity

Correction of Spinal Alignment

Stabilization

Prevention of Re-injury

Description of Medical Necessity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

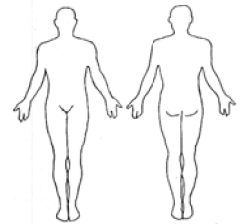
## Findings

Subluxation-Location \_\_\_\_\_

Pain/ Discomfort - Location \_\_\_\_\_

Limitation \_\_\_\_\_

Other \_\_\_\_\_



Prescribed By \_\_\_\_\_ (Doctor's Signature)

Print Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

## Action taken (office section)

Made an appointment for patient at Spine Align 616-392-4565.

Made a photo copy prescription for patient's file.

Faxed To Spine Align at 616-395-0652.

Patient Declined - Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_