

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 is ultimately responsible for tax if not qualified.

Patient _____ Phone # ____ - ____ - ____ Date ____ / ____ / ____

Patient Height _____ Patient Weight _____

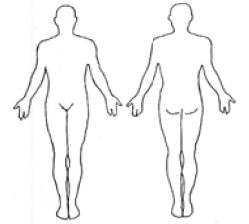
- "One of a Kind" Sleep System (Chirobed™) - Prescription is required for purchase
- CHIROBED® (Build to Patient's BMI & Medical Necessity) - Prescription is not required for purchase.
- Other _____

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 ____ / ____ / ____