



Coastal Med Tech, Inc

25 Douglas Highway, Ellsworth, ME 04605 – (800)544-1113 - (207) 667-2508 – Fax (207)667-3099
210 College Ave, Waterville, ME 04901 – (800)773-6511 – (207) 872-7321 – Fax (207)872-7310
730 Center St, Ste 10C, Auburn, ME 04210 – (888)782-0660 – (207) 782-0660 – Fax (207)782-0441
364 State St , Bangor, ME 04401 – (866)848-7730- (207) 907-4506 – Fax (207)848-7767
844 US Route 2 East, Wilton, ME 04294- (888) 457-3462- (207)645-3343- Fax (207)645-3338

**Cranial Electrotherapy Stimulation (CES)
Trialed and Instructional Verification**

Date: _____ DOB: _____

Patient Name: _____ Mainecare Policy Number: _____

Address(Shipping): _____

Phone: _____

TRIAL VERIFICATION:

PHYSICIAN:

I certify that the above patient has trialed the Cranial Electrotherapy Stimulation (CES) Unit in office on: _____

by _____ NPI _____

(print)

signed _____

PATIENT:

I certify that I have trialed the Cranial Electrotherapy Stimulation (CES) Unit in office on: _____

by _____ relationship _____

(print)

signed _____

INSTRUCTIONAL USAGE

PHYSICIAN:

I certify that the above mentioned patient has been instructed in the proper usage of the Cranial Electrotherapy Stimulation

Unit on: _____.

by _____ NPI _____

(print)

signed _____

PATIENT:

I certify that I have been instructed in the proper usage and I certify that I am willing and able to use as prescribed the Cranial Electrrotherapy Stimulation Unit on _____. I also understand that I must have regular follow- up visits with my physician in order for this unit to be covered by my insurance.

by _____ relationship _____

(print)

signed _____