

MENIETT® LOW-PRESSURE PULSE GENERATOR PRESCRIPTION FORM

Physician Information

Date: _____

Name: _____

Phone: _____ Alternate phone: _____

Fax: _____ E-mail: _____

Address: _____

City, state, zip: _____

Physician signature: _____

Patient Information

Name: _____

Daytime phone: (_____) _____ Evening phone: (_____) _____

Best time of day to call: _____ AM _____ PM Email: _____

Address: _____

City, state, zip: _____

Name of insurance carrier: _____

Phone number on insurance card: _____

Medtronic ENT uses insurance information only to track reimbursement trends.

Patient signature: _____ Date: _____

_____ Yes, I am willing to be contacted regarding reimbursement of this device.

For your convenience, you may print this prescription form to bring to your doctor's appointment. This form must be completed and signed by your doctor, then faxed to 866-463-8726.

If Medtronic ENT has not contacted you within 48 hours after your doctor has faxed your prescription, please contact your doctor to make sure the prescription form was faxed successfully.