

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 ____/____/____

- Special Built Sleep Support Systems
 - Chirobed™ (sEMG Designed) Chirobedic® (Made to BMI) Adjustable Bed
- Orthotic Appliance
 - Cervical Pillow Bed Wedge 7"/10"/12" Pressure Point Reduction Pad

Request sEMG with Specific Pillow _____

Other _____

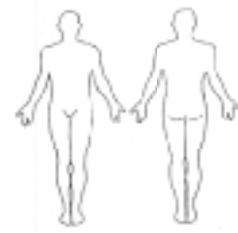
Medical Necessity

- 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)

Doctor Name (Print) _____

Action taken (office section)

- Request a copy of patients sEMG test.
- Made appointment for patient.
- Made a photo copy for patient file.
- Faxed To Spine Align at 616-395-0652

Patient Declined - Patient Signature _____ Date ____/____/____

Original to Patient • Photo Copy For Office Copy • Retain to verify authenticity of exemption

sEMG Test

Questions

Appointment Date ____/____/____

Appointment Time _____

Name _____

Address _____

City / State / Zip _____

Phone () _____

email _____

Doctor's Name _____

Location

741 Chicago Drive
Holland, MI 49423
616-392-4565



Prior to Test

- Pay attention to your sleeping positions prior to test
- Bring your existing Pillow.
- Wear a shirt with no collar.
- Wear comfortable cloths that can be untucked to expose lower back.
- A normal test can take up to one hour per person
- Refrain from heavy activity 24 hrs in advance.
- Contact us if you have special needs.

What is sEMG?

Computerized Spinal Examination through Surface Electromyography is used to evaluate the relative level of electrical activity associated with the Vertebrae. The computerized sEMG Scanning provides qualitative and quantitative data that can be used to design a bed and/or recommend a pillow.

It is totally non-invasive and does not cause pain or irritation. It simply requires the placement of small probes against the skin.

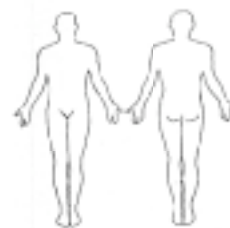
Prescription

Height _____ Weight _____ BMI _____

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- 1) What type of Mattress do you have?
Innerspring Foam Waterbed Airbed
- 2) How old is your mattress? _____ yrs
- 3) What type of pillow do you use?
Foam Feather Polyester Cervical Body Pillow
- 4) How old is your pillow? _____ mths
- 5) What is your favorite sleeping position?
Right side Left side Back Stomach
- 6) Is your back pain worse in the morning? yes / no
- 7) General bed preference? Firm / Medium / Soft
- 8) Have you recently had a trauma or accident? yes / no
- 9) In the last 24 hrs have you participated in heavy activity? yes / no
- 10) What is the size of your bed?
King Queen Full Twin other _____

Indicate area's of concern



comments/notes
