

OSKA PULSE PRESCRIPTION FORM

PLEASE FAX TO US: 678-264-2121

FOR OFFICE USE ONLY

TRACKING NUMBER _____ DELIVERY DATE _____

PATIENT'S INFORMATION (attach demographic sheet)

_____	_____	_____		
LAST	DOB	Phone Number		
_____	_____	_____		
FIRST	Name of Insurance	Insurance ID#		
_____	_____	_____		
Address	City	State	Zip	Email Address

PHYSICIAN'S INFORMATION

Oska, E0761-NU

I am prescribing a wearable Pulsed Electro-Magnetic Field (PEMF) Therapy device, called the "Oska Pulse" from Oska Wellness due to my patient's needs and diagnosis. I believe that the Oska Pulse is medically indicated and in my opinion is reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition. The Oska Pulse is being prescribed for the management of Pain. It is my expectation that use of this device will accelerate recovery and decrease the use of narcotic opiates.

Diagnosis Code: _____

_____	_____	_____
PHYSICIAN'S NAME	ADDRESS	CITY STATE ZIP
_____	_____	_____
PHONE	FAX	NPI#
_____	_____	_____

PHYSICIAN SIGNATURE _____ DATE _____

All Insurance billing are handled by WMS Only



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www.worthymedicalsupply.com



Turn on your
Oska Pulse



Place on or near
area of pain



Enjoy a 3
hour session



*Consistency is key to get the
most from your device.*

RECOMMENDED USAGE

Using Oska Pulse for at least one 3-hour cycle each day is going to give you the most benefit of pain relief. However, we know you are busy and sometimes can't use it for three hours at a time.

You can break up your sessions, as needed. For example, use Oska Pulse for one hour in the morning, one hour in the afternoon and one hour in the evening.

Drink plenty of water to maximize benefits.

The device cannot be overused.