

Certificate of Medical Necessity

Prescription and Diagnosis

Date _____

Patient _____

First Name _____

Last Name _____

Date of Birth _____

Main Phone _____

Referring Physician _____

First Name _____

Last Name _____

Office Phone _____

Signature

REQUIRED

Diagnosis

Bilateral

Left

Right

Dispense as Prescribed. No Substitutions.

BREG OA Brace:

Custom

Off the Shelf

Compartment: Medial Lateral

BREG Ligament Brace:

Custom

Off the Shelf

ACL PCL MCL LCL

BREG Motorized Cold Therapy:

Knee

Shoulder *If applicable:*

Hip Purchase

Ankle Rental

Back

Wrist/Hand

Multi-Use

BREG Post-Op Products:

Knee Elbow

Abduction Shoulder Sling

Neutral 15 Degree ER

Walker Boot

Standard/Tall Short

Achilles Wedge System

BREG Soft Splints & Braces:

Wrist & Thumb

Knee

Hip & Back

Ankle

Elbow

Specific Procure Medical Product:

Ortho Innovations Static Progressive Stretch Splints

Elbow

Flexion Extension

Knee

Flexion Extension

Ankle

Dorsi Flexion Plantar Flexion

Wrist

Flexion Extension

Wrist

Supination Pronation

Neutech KneeHab XP Quadriceps Stim

NMES
Neuromuscular Electrical Stimulation

TENS
Transcutaneous Electrical Nerve Stimulation

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