

## BioWave360

**Comprehensive pain relief at the doctors office and then at home**



### 360 RX Form from Doctor



### 360 Pain Relief Bundle



### Treatment in Doctor's Office



### Treatment at Home



**1.**

Doctor sends BioWave completed 360 RX Form & last office visit note

**2.**

BioWave Gets Approval for 6 PENS treatments and 360 Pain Relief Bundle

**3.**

BioWave sends 360 Pain Relief Bundle to Doctor and bills carrier (No Cost to Provider)

**4.**

Doctor performs 6 pre-approved PENS treatments and bills carrier for his/her services

**5.**

After 6 PENS treatments are complete, patient takes BioWaveHOME and noninvasive electrodes to continue treating pain at home on an as needed basis

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**BIOWAVE**  
SMARTER PAIN BLOCKING TECHNOLOGY

**WORKERS' COMPENSATION  
BioWave360 Rx/LMN Form**

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<b>Claim number #</b>		<b>Diagnosis</b>	
<b>Adjuster Name Ph. number</b>		<b>ICD-10 Code(s)</b>	
<b>Patient Name</b>		<b>Date</b>	
<b>DOB</b>		<b>DOI</b>	
<b>Shipping Address</b>			

**PHYSICIAN'S LETTER OF MEDICAL NECESSITY (LMN)**

This letter is to request BioWaveHOME® Pain Therapy System for the said patient. Due to the patient's condition, BioWave-HOME® treatment is required to decrease pain, reduce opioid consumption and accelerate return to function. BioWave-HOME® uses a patented electronic signal technology allowing delivery of the electrical signals directly to the surface of pain nerves which prevents the formation of the pain signal and blocks the transmission of chronic, acute and post-surgical musculoskeletal pain. Based on the patient's condition and medical need, our current treatment plan includes permanent long term use with the BioWaveHOME® system.

**RX FOR BIOWAVEHOME NEUROSTIMULATOR AND ELECTRODES**

<b>Qty: 1</b>	<b>BioWaveHOME Neuromodulation Pain Therapy System:</b> high frequency neurostimulation for the treatment of chronic, acute & postoperative pain
<b>Qty: 2</b>	<b>B-Set Electrodes:</b> 10-packs B-set Noninvasive
<b>Qty: 1</b>	<b>B-Set Electrodes:</b> 6-pack B-set Percutaneous
<b>Qty: 6 visits</b>	<b>64999.</b>

**PRESCRIBER INFORMATION**

<b>Physician Name</b>		<b>NPI #</b>	
<b>Address</b>		<b>License #</b>	
<b>Phys. Signature</b>		<b>Date</b>	