



503-329-8760

Fax Form and Prescriptions to:
800-605-4025

TENS Unit Enrollment Form
NeuroPathways

Patient Name _____

Address _____

City _____ State _____ Zip _____

Home # _____ Other # _____

DOB _____ SS # _____

Patient Signature _____

Insurance Information

Primary Insurance _____

Policy # _____ Group # _____

Insurance Phone # _____

Policy Holder Name _____

Policy Holder DOB _____

Relationship to Patient: Self _____ Spouse _____ Child _____

Secondary Insurance _____

Policy # _____ Group # _____

Insurance Phone # _____

Policy Holder Name _____

Policy Holder DOB _____

Relationship to Patient: Self _____ Spouse _____ Child _____

Type of Equipment Provided _____

Diagnosis ICD-9 Codes _____

Dr. Name _____ Dr. Signature _____