



Neuro Therapy • Accelerated Recovery • Improved Performance
Manufacturing – Clinic – Sales – Distribution

Electrical Stimulation Order

Patient Name _____

I have evaluated this patient either in person or through the Medical Questionnaire they have filled out and I order the use of the ARPwave electrical stimulation for the following conditions:

Muscle Reeducation: Eliminating compensation patterns: _____

Relaxation of muscle spasms: Reducing pain in the affected muscles: _____

Increased local blood circulation: To speed up healing: _____

Prevention and retardation of disuse atrophy: _____

Quickly builds muscle strength: _____

Maintaining and increasing range of motion: _____

Date: _____

Doctor Name: _____

Practice Name: _____

NPI Number: _____

Doctor Signature: _____