

**11882 Greenville Ave. Ste B127**

**Dallas, TX 75243**

**972-807-2808 Phone**

**469-364-3421 (Fax)**

**Email: info@interx.com**

**InterX Device Prescription**

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription for InterX Devices 5002 and 1000, flex arrays and all accessories and electrodes of choice.

No Expiration: Lifetime Use

# Medical Practitioner Signature:

**Printed Name:**

**Office Phone #: Fax #:**

**NPI# Date:**

*This information is* ***Confidential***