



CMT Home Rental Unit Request form

Current Medical Technologies, Inc., 75 Main St., Lakeville, MA 02347

Clinician Information:

Referring Facility: _____

Facility Address: _____

Phone #: _____

Referring Physician: _____

Phone #: _____

Patient Information:

Patient Name: _____

Patient Address: _____

City, State Zip: _____

Phone #: _____

Date of Birth: _____

Email: _____

Insurance information:

Medicare Private Insurance Self Pay

Is this unit intended for: Purchase Rental

Will a pre-cert be required: Yes No

Ins. Co: _____

Ins. Co Phone: _____

Member ID#: _____

ICD-9 Code: _____

Home Rental Unit Requested

Pelvic Floor Stimulator:

Pathway STM-10 Utah Medical Liberty

Single Channel Biofeedback:

Pathway TR-10 Pathway TR-10c

Dual Channel Biofeedback:

Pathway TR-20

Does your patient require a sensor? Yes No

Sensor Type:

Pathway PG-6330 Vaginal Sensor

Pathway PG-6340 Rectal Sensor

Pathway PG-6320 (EMG Only) Sensor

Pathway PG-5328 Extended Lead-wires

Utah Medical UM-VS vaginal Sensor

Utah Medical UM-RS rectal Sensor

Does your patient require electrodes? Yes No

Electrode Type:

Pathway PG-6750 Triode

DE-301 Electrode

Delivery

Please deliver the requested product to the clinicians facility. Please deliver the requested product to my patients home.*

If ordering a STM-10 or TR-10C would you like it programmed? Yes No

STM-10: Session Time: _____ Duty Cycle: _____ Stim Mode: _____

TR-10C: Goal: Above / Below / Work-Rest 5/10 / Work-Rest 10/10 Scale: 800UV / 30UV

Clinician Name: _____

Clinician Signature: _____ Date: _____

Email Address: _____

My above signature indicates my approval of this order and it's accuracy.

*My above signature indicates my approval to ship the instrument my patients home and releases Current Medical Technologies, Inc. from any liability arising from it's use prior to proper instrument education and training.