



# QUEEN WEST PHYSIO FAX ORDER FORM

The Food and Drug Administration (FDA) requires a prescription for the sale of electrotherapy devices such as T.E.N.S. to individuals in the U.S. (electrodes do not require a prescription). There are certain instances when a T.E.N.S. unit should not be used, and your healthcare provider can advise you of these. In addition, pain is your body's signal that something is wrong. You should always see your doctor to evaluate the source of your pain and to find out if electrotherapy is right for you.

**Conditions for which use of T.E.N.S. is intended – Please check the appropriate condition(s):**

- Acute and chronic ankle pain and ankle joint arthritis
- Acute and chronic low back pain associated with spinal nerve and disc pain or spinal osteoarthritis
- Acute and chronic neck pain associated with soft tissue injury to the muscles, ligaments or spinal discs, joint inflammation and spinal arthritis
- Acute, chronic and post surgical knee pain associated with muscle, tendon, ligament or joint arthritis problems
- Acute and chronic shoulder pain associated with muscle, tendon, ligament or shoulder joint arthritis
- Carpal tunnel syndrome – pain associated with compression of the nerves in the carpal tunnel
- Foot pain including Plantar Fasciitis, Achilles Tendinopathy, Morton's Neuroma and Peripheral Neuropathy
- Post lumbar laminectomy – surgery of the spine
- Use in labour and delivery
- Dental pain including TMJ pain (jaw joint)
- Facial paralysis
- Trigeminal Neuralgia
- Hip pain
- Post-operative pain
- Sciatica
- Bicipital tendonitis
- Tennis elbow
- Wrist pain
- Shin splints
- Diabetes neuropathy
- Fibromyalgia
- Degenerative Joint Disease (DJD)
- Reflex Sympathetic Dystrophy (RSD)
- Acute Herpes Zoster/Post Herpetic Neuralgia
- Rheumatoid Arthritis (RA)
- Other: \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

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Please read below, the **CIRCUMSTANCES IN WHICH YOU SHOULD NOT USE T.E.N.S.:**

## Contra-Indications

Do NOT use T.E.N.S. in the following circumstances:

- If you are in your first trimester of pregnancy (it is okay to use during labor – please consult your doctor)
- If you have numbness or less feeling over a painful area
- If you have pre-existing lymphoedema. T.E.N.S. may affect lymphatic circulation, causing further fluid retention. Issues of skin integrity should also be considered

CONSULT YOUR DOCTOR before using T.E.N.S. for the following circumstances:

- If you have a pacemaker
- If you have a cardiac condition
- If you currently have Cancer or if you have previously had cancer
- If you have recently experienced unexplained noticeable weight loss
- If you have undiagnosed pain
- If you have epilepsy
- If you have had a stroke (Cerebrovascular Accident – CVA) or mini-stroke (Transient Ischemic Attack – TIA)

Do NOT use T.E.N.S. in the following ways:

- While driving or operating potentially dangerous machinery
- While in the shower
- Do not use internally (inside your body)
- Do not place pads in a way that directs the current through the chest wall (i.e. by placing one electrode on the back and the other opposite this on the front of the chest)
- Do not place pads on the front of your neck. This risks stimulating the carotid sinus, which could cause cardiac problems (usually hypotension)
- Do not apply pads over the eyes
- Do not place pads across the temples on the head
- Do not place pads over incisions or broken skin, sores and areas of eczema and psoriasis
- Do not use with very high intensity if you find that your skin feels like it burns (dermal reaction due to electrical irritation)
- Do not use if an allergy develops to the pads, adhesive or tape that is used. Find alternative materials

## **Please Read and Sign the Following Disclaimer**

I acknowledge that improper use of the Device I am buying may cause damage or even physical harm and that the instruction manual which accompanies the Device contains cautions and warnings as well as instructions on proper use. I promise to read these cautions, warnings, and instructions and to abide by them. I hereby release Queen West Physiotherapy & Acupuncture, and their officers, agents and employees from any and all liability for any damage, injury, cost, liability, or expense which I may incur as a result of my use of the Device. I hereby release Queen West Physiotherapy & Acupuncture, and their offices, agents and employees (345 Queen Street West, Brampton, Ontario, Canada, L6Y 3A9, 905-450-7870, toll free at 1-866-486-TENS(8367)) from liability for any damage, injury, cost, liability, or expense arising from any defect in the Device, over and above the purchase price paid for the device.

I have read the above and agree.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# T.E.N.S. Prescription Form (U.S. orders only)

You may use this form or have your healthcare provider use his/her own script pad.

Print out this form and complete the top portion. Have your Health Care Provider (Medical Doctor, Chiropractor, Dentist, Podiatrist, Nurse Practitioner, Physicians Assistant, Ph.D., Physical Therapist, Doctor of Acupuncture or Doctor of Osteopathy) complete the bottom portion, sign it and mail or fax it to us.

Patient's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Patient Signature (optional) \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Doctor's Signature (required) \_\_\_\_\_ Date (required) \_\_\_\_\_

**Please print out and mail or fax form to:**

**Queen West Physiotherapy**

345 Queen Street West

Brampton, Ontario

Canada, L6Y 3A9

FAX: (905) 450 – 0920

If you have any questions, please email [info@queenwestphysio.ca](mailto:info@queenwestphysio.ca) or call 905-450-7870.  
Toll free at 1-866-410-TENS(8367)