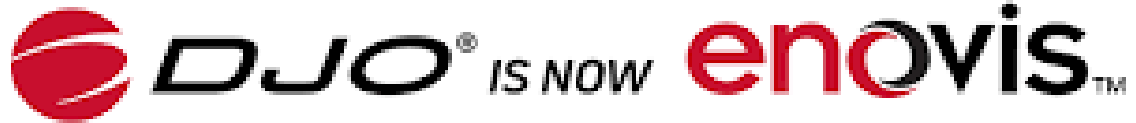


Use this printable page as your fax cover sheet please

**HELPFUL DOCUMENTS TO FAX OR EMAIL WHEN  
ORDERING EXTREMITY BONE STIMULATION TREATMENT**



---

CMF Electrical & Ultrasound Bone Growth Stimulators

**Fax: 833-635-7676**



Check preferred bone stimulation technology desired below

Electrical    Ultrasound    No preference dispense technology covered best by insurance

Number of Pages Faxed: \_\_\_\_\_ Date: \_\_\_\_\_

Include Below:

- Prescription can be office generated prescription or Enovis prescription
- Demographic page
- Copy of insurance card(s)
- Two office notes:
  - Original injury note
  - Recent office note
- Operative report (if applicable)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The documents accompanying this transmission may contain confidential information that is legally protected. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately by calling us or sending a return fax indicating that you have arranged for the return or performed destruction of these documents. If you have not received all pages of the transmission, please notify the sender immediately