

Date: _____ / _____ / _____

Patient Name: _____

Diagnosis:

- R10.2 Pelvic and perineal pain
- N94.9 Unspecified condition associated with female genital organs and menstrual cycle
- 789.9 Other symptoms involving abdomen and pelvis
- 625.9 Unspecified symptom associated with female genital organs
- 618.00-618.09 Vaginal prolapse
- Other: _____

CPT: A4466: L0621: L0626

Style:

Mama Strut System



Abdominal Ice or Heat



Lower Back Ice or Heat



Special Instructions: _____

Physician Signature: _____

DISPENSE AS WRITTEN NO SUBSTITUTION