



Prescription for Disposable Batteries

Patient _____ **DOB** _____

Phone _____ **Email** _____

Address _____

On behalf of the patient identified above, I am prescribing disposable batteries that are required to power my patient’s external sound processor. The batteries requested are essential to support my patient's lifetime need for their hearing implant technology.

My patient uses 1-2 disposable batteries (L8621) per day per treated ear.

QUANTITY: 90-day supply (180 to 360 units per shipment) REFILLS: 3x

LENGTH OF NEED: [X] Lifetime

Diagnosis:

Sensorineural Hearing Loss

- H90.3 Bilateral
- H90.41 RT Unilateral, Restricted
- H90.42 LT Unilateral, Restricted
- H90.A21 RT Unilateral, Unrestricted
- H90.A22 LT Unilateral, Unrestricted

Mixed Conductive & Sensorineural Hearing Loss

- H90.6 Bilateral
- H90.71 RT Unilateral, Restricted
- H90.72 LT Unilateral, Restricted
- H90.A31 RT Unilateral, Unrestricted
- H90.A32 LT Unilateral, Unrestricted

Conductive Hearing Loss

- H90.0 Bilateral
- H90.11 RT Unilateral, Restricted
- H90.12 LT Unilateral, Restricted
- H90.A11 RT Unilateral, Unrestricted
- H90.A12 LT Unilateral, Unrestricted

Other _____

Physician Name _____ **NPI** _____

Physician Signature _____ **Date** _____

Address _____

Phone: _____

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