National Medical Supply, Inc.
Corporate Headquarters
8021 S. Grant Way • Suite A-5
Littleton, Colorado 80122
Tel: (303) 777-1100
Fax: (303) 733-1122
NSC#: 4200880001

Client Name: _____ Client ID: _____

Medicare Cervical Traction Device Assessment Questionnaire

Please answer the following 2 questions and provide any additional notes.

1) Does the patient have a musculoskeletal or neurologic impairment traction equipment?

_____

2) Has the appropriate use of a home cervical traction device has been demonstrated to the patient and the patient tolerated the selected device?

_____

IF THESE TWO ARE NOT MET, CERVICAL TRACTION WILL BE DENIED AS NOT A RESONABLE AND NECSSARY

Name of person answering questions, if other then physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____