



InterX PRESCRIPTION

InterX Non-invasive Interactive Neurostimulation (NIN) System

Patient	FIRST NAME	LAST NAME
	ADDRESS	CITY, STATE, ZIP
	PHONE NUMBER	DOB
	EMAIL	ICD-10-CM CODE

Prescription Information	<p>SELECT INTERX® RX DEVICE:</p> <p><input type="checkbox"/> InterX® 5002 Pro Device(s) and accessory electrodes</p> <p><input type="checkbox"/> InterX® 1000 Personal Device(s) and accessory electrodes</p> <p>HTK Enterprises D.B.A. InterX Technologies is the Sole Source Provider of InterX® Products.</p>	<p>InterX® Non-invasive Interactive Neurostimulation (NIN) Treatment is:</p> <ul style="list-style-type: none"> • Non-invasive, safe alternative for acute, post-surgical and chronic pain management • Interactive wave form which targets low impedance points providing comfortable, pain free treatment • High amplitude/high density neurostimulation for endogenous opioid and neuropeptide release • Light, portable pain treatment • Safe over metal implants
	<p><input type="checkbox"/> ONGOING NEED (Lifetime Use)</p>	

Prescriber Information	PRESCRIBER SIGNATURE		DATE
	PRESCRIBER NAME		NPI#:
	ADDRESS		PHONE NUMBER
	CITY	STATE	ZIP FAX NUMBER

Contact InterX	<p>FAX or EMAIL completed form to:</p> <p>F: 469-364-3421</p> <p>orders@interx.com</p>	<p>HTK ENTERPRISES</p> <p>INTERX</p> <p>TECHNOLOGIES</p> <p>HTK ENTERPRISES D.B.A. INTERX TECHNOLOGIES</p> <p>www.interx.com PH. 972-807-2808</p>
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