

Veterans Affairs Order Form

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>Write the order quantity below:</p> <p>Select InterX® Device</p> <p>_____ InterX® 5002 Pro Device Product# 1146-001</p> <p>_____ InterX® 1000 Personal Device Product# 1243-001</p> <p>Select InterX® Electrode Accessories</p> <p>_____ InterX® 3x3 Dual Flexible Array Product# 1376-001</p> <p>_____ InterX® 4x4 Flexible Array Product# 1299-001</p> <p>_____ InterX® Universal Classic Product# 1569-001</p> <p>_____ InterX® Comb Product# 1070-001</p> <p>_____ InterX® Cosmetic Product# 1075-001</p> <p>_____ InterX® Dome Product# 1295-001</p> <p>_____ InterX® Small Soft Tissue (Used with 5002 only) Product# 1538-001</p> <p>_____ InterX® Universal Soft Tissue Product# 1674-001</p>	<p>HTK Enterprises D.B.A. InterX® Technologies is:</p> <p>SAM Status: Active CAGE CODE: 7X7L5 WOSB: Certified Woman-Owned Small Business DAPA: Medical Equipment SP0200-18-H-0047 DUNS: 056903080 FSS: Medical 65IIA 36F79719D0191</p> <p>HTK Enterprises D.B.A InterX Technologies is the Sole Source Provider of InterX® Products.</p>
	<input type="checkbox"/> ONGOING NEED (Lifetime Use)	

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

Contact InterX	<p>FAX or EMAIL completed form to:</p> <p>F: 469-364-3421</p> <p>govsupport@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 972-807-2808</p>
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