



* Must be completed by physician *

Questions? Call toll free... 1-866-487-1006

Medicare Prescription/Certificate of Medical Necessity

Client's name:

Client's date of birth:

Client's diagnosis:

List of equipment that is being prescribed

Please check ONE

- Communicator UX - including speech software
- Communicator Q1 - including speech software
- Communicator U8 - including speech software
- Communicator 2000 - including speech software
- Communicator 6000 - including speech software
- Communicator Rug30 - including speech software

- Pocket Communicator SGDX51

Physician's NPI Number:

Physician's name:

Physician's address:

Physician's telephone number:

Physician's original signature:

Please forward this form to:

Gus Communications, Inc., 1006 Lone Tree Court, Bellingham, WA 98229