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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Certificate of Medical Necessity Physician Order for Blood Pressure Monitor** | | | |
| **The physician treating the customer for high blood pressure must complete this form and return it to the customer.** | | | | | |
| **Customer's Information** | | | | | |
| Customer's name: | | | | | |
| Address: | | | | | |
| Phone:  (   ) | | | Date of birth: | | Case ID number: |
| **Medical Information** | | | | | |
| Is it medically necessary for the customer to check the customer’s own blood pressure?  Yes  No | | | | | |
| Do you approve of VRS purchasing a talking blood pressure monitor for this customer?  Yes  No | | | | | |
| **Signature** | | | | | |
| **Physician signature:**  **X** | | | | **Date:** | |
| **Doctor:**  The customer named above has requested a talking blood pressure monitor and has agreed to monitor his or her blood pressure at home and report the findings to you as the primary physician managing his or her diabetes. VRS will purchase a talking meter if you agree that at-home monitoring of blood pressure would be beneficial to this customer. Please check “Yes” or “No” above and sign and FAX this form to the following office: | | | | | |
| Name of VR counselor: |  | | | | |
| VRS Office: |  | | | | |
| FAX Number: |  | | | | |
| Phone Number: |  | | | | |