



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:
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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: