



INNOVATIVE NEUROLOGICAL DEVICES LLC

13295 ILLINOIS ST, SUITE 312
CARMEL, IN 46032 USA

(855) 413-3300 | FAX: (630) 622-2999 | support@cervella.us | www.cervella.us

Cervella Cranial Electrotherapy Stimulator Prescription Form

Cervella requires a prescription from a licensed healthcare provider if sold in the United States.

PATIENT INFORMATION

Name: _____
Last *First*

Ship to Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

HEALTHCARE PROVIDER INFORMATION

Healthcare Provider Name: _____ Lic. #: _____
Last *First* *Title*

Address: _____
Street Address *Suite*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

Medical Necessity: ANXIETY DEPRESSION INSOMNIA

Dispense as written

Signature of Healthcare Provider: _____ Date: _____

**ATTACH COMPLETED FORM DURING ORDER PROCESS ON OUR WEB-SITE
WWW.CERVELLA.US
ALTERNATIVELY, FAX TO (630) 622-2999**