Rev.1.2

INNOVATIVE NEUROLOGICAL DEVICES LLC

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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 ☐ INSOMNIA ☐

Dispense as written

Signature of Healthcare Provider: _____ Date: _____

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