



Cala Trio Customer Success Prescription and Order Form

Fax completed form to: 1-833-230-9251
Health Care Professional Line: 1-888-585-7101
Cala Trio Customer Success: 1-888-699-1009

PRESCRIBER INFORMATION

First Name* _____
Last Name* _____ (MD/DO/CRNP/PA)
NPI#* _____
Practice Name/Institution* _____
Office Contact Person* _____
Office Contact Phone* _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Email* _____

PATIENT INFORMATION

First Name* _____
Last Name* _____
DOB* _____
Home Address _____
City _____
State _____ Zip _____
Primary Phone* _____
Email* _____

Cala Trio Customer Success will contact your patient to discuss payment options and provide product support.

* Required Fields

INDICATIONS FOR USE

To aid in the transient relief of hand tremors in the treated hand following stimulation in adults with essential tremor (ET).

Caution: Federal law restricts this device to sale by or on the order of a physician.

CONTRAINDICATIONS

Cala Trio Therapy System should NOT be used:

- by patients with an implanted electrical medical device, such as a pacemaker, defibrillator, or deep brain stimulator.
- by patients that have suspected or diagnosed epilepsy or other seizure disorder.
- by patients who are pregnant.
- on swollen, infected, inflamed areas, or skin eruptions, open wounds, or cancerous lesions.

PROVIDER AUTHORIZATION

Prescriber's Signature X _____ Date: _____

To ensure measuring accuracy please print on 8.5" x 11" paper and confirm printer calibrations are properly aligned



PATIENT SHIPPING INSTRUCTIONS

- Patient's address: same as Patient Information
- Physician office address: same as Prescriber Info
- Other address _____
City _____
State _____ Zip _____

PRESCRIBING INFORMATION

Diagnosis: ICD-10 Code:

- G25.000 Other _____
Essential tremor

- Rx - Cala Trio Therapy, 12 months
*(If initial Rx, 60-day trial has a satisfaction guarantee.
Recommended usage twice daily to start.)*

Cala Trio is designed to stimulate nerves in the left OR right wrist. The device is NOT interchangeable between the left and right hand.

- Right Hand Device Left Hand Device

Measure the patient's wrist circumference over the head of the ulna to determine band size:

- Small Medium Large
13.6 - 16.4cm 16.5 - 18.4cm 18.5 - 20.4cm

The "Tremor Task" is a postural hold that helps characterize the patient's tremor. CHOOSE the MORE SEVERE postural hold to perform around therapy.

- Outstretched Wing Beating

