



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 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
 Initial Rx - Cala Trio Therapy System (*stimulator, 3 month band supply*)

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

Refill Rx - 12 months (*band subscription*)

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

