

**MEDICAL PRESCRIPTION FORM FOR U.S. CITIZENS ORDERING
SwissSTIM Trigger or SwissSTIM PHYSIO UNITS**

Please complete this form, including physician signature and upload it on our website while placing your order:

<http://electrodes.ch/product-category/device/>

Your order will be processed after review of the present PRESCRIPTION FORM.

For additional information contact Valmed at info@valmed.ch

Order Information:

SwissSTIM Trigger

Includes one 4-pack of electrodes

Qty: _____ x \$450 = _____

SwissSTIM Physio

Includes one 4-pack of electrodes

Qty: _____ x \$400 = _____

*Total = _____

*Shipping & handling fees to be added at checkout.

Extra packs of electrodes can be ordered on our website: <http://electrodes.ch>

Patient Information

Patient Name: _____ DOB: _____

Phone: _____ E-Mail: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Valmed does not accept commercial or private insurance.

Clinic Information

Therapist Name: _____ Clinic: _____

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____