

**MEDICAL PRESCRIPTION FORM FOR U.S. CITIZENS ORDERING
SWISS_{STIM} TRIGGER OR SWISS_{STIM} PHYSIO UNITS**

Please complete this form, including physician signature and send a scan copy to info@swisstim.com with the Subject "SwissStim Order Form". An email will be sent in return with all the information to process the payment through PayPal secure website (No PayPal account needed).

For additional information please send a message to info@swisstim.com

Order Information:

Swiss_{STIM} Trigger <i>Includes one 4-pack of electrodes</i>	Qty: _____ x \$450 = _____
Swiss_{STIM} Physio <i>Includes one 4-pack of electrodes</i>	Qty: _____ x \$400 = _____
Extra Electrodes 4-pack	Qty: _____ x \$20 = _____
Handling & Shipping fees (US)	Qty _____ x \$20 = _____
	Total = _____

Patient Information

Patient Name: _____ DOB: _____

Phone: _____ E-Mail: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Commercial or private insurance not accepted.

Clinic Information

Therapist Name: _____ Clinic: _____

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____