



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* _____ Gender* M / F
 Payer Name** _____
 Payer Phone** _____
 Payer ID** _____

* Required Fields *Not Required for VA Patients

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

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

I hereby attest that this order accurately reflects signatures/notations that I made in my capacity as the above-mentioned patient's provider. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Prescriber's Signature X _____ Date: _____

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

MEDICAL NECESSITY

For each task listed, circle the number that best describes how your patient is able to perform the activity.

	Able to do activity without difficulty	Able to do activity with little effort	Able to do activity with a lot of effort	Cannot do without assistance
Use a spoon to drink soup	1	2	3	4
Hold a cup of tea or coffee	1	2	3	4
Write a letter	1	2	3	4

Has the patient previously tried medication for essential tremor? Yes No

PRESCRIBING INFORMATION

Diagnosis: ICD-10 Code:

G25.000 Other _____

Essential tremor

Rx - Cala Trio Therapy (12 months)
1 Cala Trio Stimulator, 4 Cala Trio Bands

To expedite fulfillment, please complete the following parameters

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

