cala trio™

Cala Trio Customer Success
Prescription and Order Form

Fax completed form to:
Sfax: 1-833-230-9251 or Fax: 1-650-729-1156
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* ______________

Secondary Contact ______________ ☐ Can Contact

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.

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™ Stimulator, 4 Cala™ 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 interchangable between the left and right hand.

☐ Right Hand Device ☐ Left Hand Device

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

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

The "Tremor Task" is a postural hold that helps characterize the patient's tremor. Most patients use the outstretched postural hold. Please note if the patient should use an alternative postural hold.

☐ Outstretched ☐ Wing Beating

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

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