Cala Trio Customer Success
Standard Written Order & Prescription Form

Submit completed forms and supporting clinical documentation via:
Sfax: 1-833-230-9251
Send Encrypted Email: Intake@CalaHealth.com
Secure Upload: CalaRx.com
Health Care Professional Line: 1-888-585-7101
Cala Trio Customer Success: 1-888-699-1009

PATIENT INFORMATION

First Name _____

Last Name _____

Date of Birth _____ Gender M ☐ / F ☐

Email _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Home Phone _____

Legal Guardian Name _____

Phone _____

Emergency Contact Name _____

Phone _____

DIAGNOSIS

ICD-10 Code:

☐ G25.000 *Essential tremor* ☐ Other _____

☐ *Check if you are including the patient's medical history and chart notes of patient's last 3 office visits. Be advised, your patient will experience significant delays in accessing Cala Trio therapy through insurance benefits if they are not included with this form.*

INDICATIONS FOR USE

To aid in the temporary 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, bladder stimulator, 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.

PRESCRIBING INFORMATION

Size*	Tremor Task**	Hand	Cala™ Stimulator (K1018)	Cala™ Bands (K1019)	Length of Prescription
Small 13.6 - 16.4 cm ☐	Outstretched ☐	Right ☐	1	4 Each band is a three month supply = 3 monthly units	12 months
Medium 16.5 - 18.4 cm ☐	Wing Beating ☐	Left ☐	1		
Large 18.5 - 20.4 cm ☐		Right & Left ☐	2	8 Each band is a three month supply = 3 monthly units	

* Measure the patient's wrist circumference proximal to the head of the ulna to determine band size.
To ensure measuring accuracy please print on 8.5" x 11" paper and confirm printer calibrations are properly aligned

** 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.

PRESCRIBER AUTHORIZATION

I hereby attest that this order accurately reflects signatures/notations that I made in my capacity as the above-mentioned Medicare beneficiary's healthcare 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 _____ Date _____

First Name _____ Last Name _____ (Circle: MD/DO/CRNP/PA)

NPI# _____ Practice Name/Institution _____

PRESCRIBER CONTACT INFORMATION

Office Contact Person _____ Office Contact Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone _____ Fax _____

CALA HEALTH®

SMALL MEDIUM LARGE