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Patient _____ ☎ _____

Treatment Information

Device: SWISS_{STIM}[®] **PHYSIO**



SWISS_{STIM}[®] **TRIGGER**

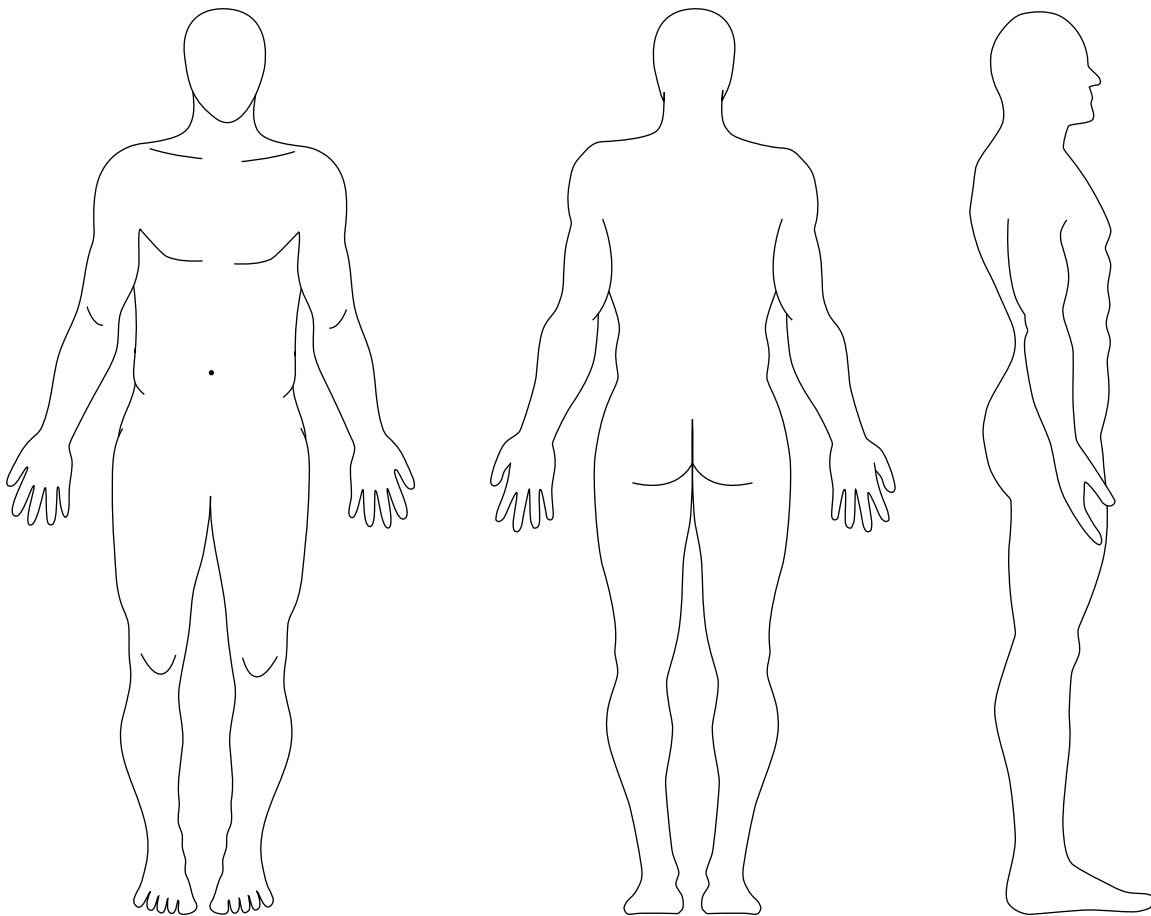


Primary protocol _____

Length of prescription _____ months

Device usage _____ times daily

	Program number	Starting Phase	Intensity		Impulse		Comments
			Left	Right	Freq[Hz]	Width[μs]	
Treatment #1							
Treatment #2							
Treatment #3							
Treatment #4							



Daily treatment schedule

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							