

Patient \_\_\_\_\_ ☎ \_\_\_\_\_

### Treatment Information

Device:

SWISS<sub>STIM</sub><sup>®</sup> **PHYSIO**



SWISS<sub>STIM</sub><sup>®</sup> **TRIGGER**

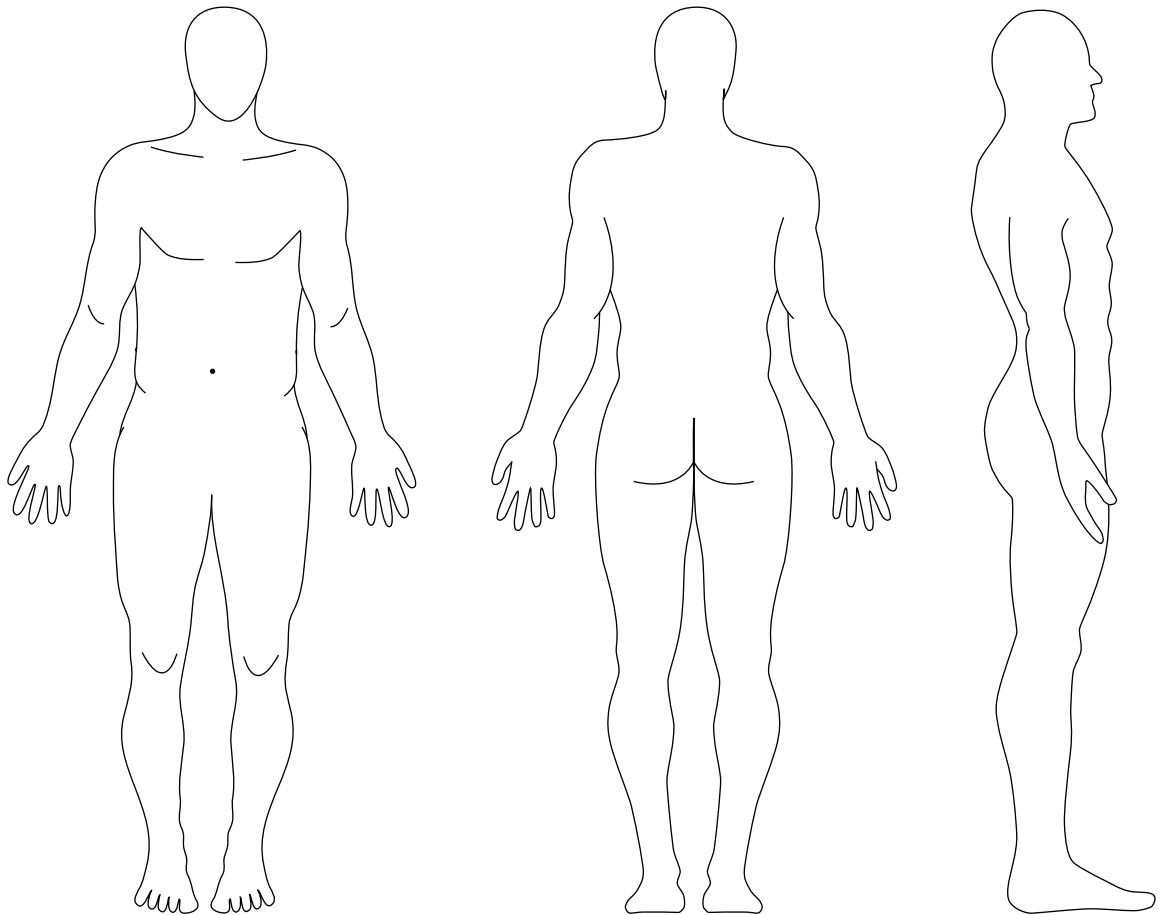


Primary protocol \_\_\_\_\_

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							