

**MEDICAL PRESCRIPTION FORM FOR U.S. CITIZENS ORDERING
SWISS_{STIM} TRIGGER OR SWISS_{STIM} PHYSIO UNITS**

Please complete this form, including physician signature and send a scan copy to **info@valmed.ch** with the Subject "SwissStim Order Form". An email will be sent in return with all the information to process the payment through PayPal secure website (No PayPal account needed).

For additional information contact Valmed at info@valmed.ch

Order Information:

Swiss_{STIM} Trigger <i>Includes one 4-pack of electrodes</i>	Qty: _____ x \$450 = _____
Swiss_{STIM} Physio <i>Includes one 4-pack of electrodes</i>	Qty: _____ x \$400 = _____
Extra Electrodes 4-pack	Qty: _____ x \$20 = _____
Handling & Shipping fees (US)	Qty _____ x \$20 = _____
	Total = _____

Patient Information

Patient Name: _____ DOB: _____
Phone: _____ E-Mail: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____

Valmed does not accept commercial or private insurance.

Clinic Information

Therapist Name: _____ Clinic: _____
Physician Name: _____ Phone: _____
Physician Signature: _____ Date: _____