

SaeboStim Micro | Patient Order Form



Email this order form to sales@saebo.com or Fax to 855.414.0037

If you are a vendor please call (888) 284-5433 or email sales@saebo.com for rates

1. PATIENT INFORMATION

Order Date:	First Name:	Last Name:
Date of Birth:	Phone:	Email:

2. THERAPIST INFORMATION

Current (or Last) Therapist:	Facility Name:
Email:	

3. SHIP TO: IF THE DEVICE IS BEING SHIPPED TO A FACILITY, BE SURE TO INDICATE THE FACILITY NAME.

Name (Facility Name):	Attention:	
Street:	Dept./Suite:	
City:	State:	Zip:

4. DEVICE

****DO NOT ORDER THIS DEVICE IF THE PATIENT HAS A PACEMAKER****

PLEASE USE THE INSTRUCTIONS ON THE THIRD PAGE TO DETERMINE YOUR HAND MEASUREMENTS. RECORD YOUR RESULTS (in inches) IN THE SPACES PROVIDED BELOW. *MEASURE CAREFULLY & ACCURATELY!* A SAEBO REPRESENTATIVE WILL DETERMINE THE APPROPRIATE SIZE DEVICE BASED ON THE MEASUREMENTS PROVIDED. PLEASE NOTE: THE *SaeboStim Micro* IS *NOT* A CUSTOM FABRICATED DEVICE, FIT MAY NOT BE EXACT.

(A) Arm Circumference	inches		(B) Hand Circumference	inches	
Shipping within the US? Add \$4.99 for Shipping		Description	QTY	PRICE	TOTAL
		SaeboStim Micro		\$349⁰⁰ \$299 ⁰⁰ (special offer)	
		TheraCream - 1 Tube		\$15.00	
		TheraCream - 4 Tubes		\$59.00	
				SUB-TOTAL	
				SHIPPING	
				TOTAL PURCHASE	



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5. PAYMENT	
<input type="checkbox"/> Pay by Credit Card Card Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
Card Number: Exp:	Name on Card:
CVC:	Billing Address:
I hereby authorize the charge of the Total Purchase shown on Page 1 of this order form. (Total Purchase includes \$4.99 domestic shipping)	
Signature of Card Holder:	
<input type="checkbox"/> Mail a Payment (US Delivery Only)	If paying by Check or Money Order, mail this form and your payment of device, accessories and \$4.99 Shipping to: Saebo, Inc. PO Box 6253 Hermitage, PA 16148-0923

Questions? Call 888-284-5433 | View *Saebo* Inc.'s Notice of Privacy Practices at saebo.com/privacy-policy/

SaeboStim Micro | Clinical & Measurement Guidelines

Sensory Electrical Stimulation Unit

***** DO NOT PURCHASE THIS DEVICE IF YOU HAVE A PACEMAKER *****

1. Clinical Appropriateness

Indications for Use: TENS: <ol style="list-style-type: none">1. Symptomatic relief and management of chronic intractable pain.2. Adjunctive treatment for post-surgical and post-trauma acute pain. NMES: <ol style="list-style-type: none">1. Relaxation of muscle spasm.2. Prevention or retardation of disuse atrophy.3. Increasing of local blood circulation.4. Muscle re-education.5. Immediate post-surgical stimulation of calf muscles to prevent venous thrombosis.6. Maintaining or increasing range of motion. Important: Electrical stimulation devices should only be used under medical supervision for adjunctive therapy for the treatment of medical diseases and conditions.	Contraindications: TENS <ol style="list-style-type: none">1. Do not stimulate over the carotid sinus nerves, laryngeal or pharyngeal muscles (anterior throat area); severe spasm may occur causing contractions that may be strong enough to close the airway or cause difficulty in breathing.2. Do not use TENS device on undiagnosed pain symptoms until the etiology has been established.3. Do not place electrical current transcerebrally (through the head).4. Do not use TENS on patients wearing a demand type cardiac pacemaker. NMES <ol style="list-style-type: none">1. Electrical stimulation devices are contraindicated for patients with cardiac demand pacemakers.2. Electric stimulation devices should not be used on cancer patients.
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2. How to Measure

To maximize comfort and fit, there are (2) measurements required. The two measurements will indicate the best possible size recommendation. Record your measurements in inches on Page 1 of this form. Your measurements will be assessed by a Saebo representative who will determine the appropriate recommended size. If your in-between sizes we recommend sizing up to the larger size.



Arm Circumference: Measure arm circumference by wrapping tape circumferentially around the middle portion of the biceps muscle.

Record your measurement in the space marked "A" on Page 1 of this form.



Hand Circumference: Measure hand circumference by wrapping tape circumferentially around hand.

Record your measurement in the space marked "B" on Page 1 of this form.