

SaeboStim One | 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

The FDA requires a prescription from your doctor before use. Please consult with your physician and obtain a prescription stating "Electrical Stimulation for muscular disuse atrophy". The prescription must be provided to Saebo prior to shipment.

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 PURCHASE THIS DEVICE IF YOU HAVE A PACEMAKER***					
PLEASE USE THE INSTRUCTIONS ON THE THIRD PAGE TO DETERMINE THE CORRECT SAEBOSTIM GO SIZE. CIRCLE THE CORRESPONDING SIZE AND INDICATE THE QUANTITY IN THE SPACES BELOW. MEASURE CAREFULLY & ACCURATELY!					
Shipping within the US? Add \$4.99 for Shipping	DESCRIPTION	Size	QTY	PRICE	TOTAL
	SaeboStim One, Complete Unit	Small		\$129 ⁰⁰	
		Large			
	SaeboStim One, Replacement Wings (1 Pair, Left & Right)	Small		\$25.99	
		Large			
	SaeboStim One, Gel Pads (3 Pairs, Left & Right)	Small		\$8.99	
		Large			
	SaeboStim One, Gel Pads (30 Pairs, Left & Right)	Small		\$79.00	
		Large			
	SUB-TOTAL				
SHIPPING					
TOTAL PURCHASE					



SaeboStim One | Patient Order Form

1. 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 One | Clinical & Measurement Guidelines

1. Clinical Appropriateness

Indication for Use: <ol style="list-style-type: none">1. Relaxation of muscle spasm2. Prevention or retardation of disuse atrophy3. Increasing of local blood circulation4. Muscle reeducation5. Maintaining or increasing range of motion and strength6. Shoulder Subluxation	Contraindications: <ol style="list-style-type: none">1. Not for use over the neck, across the chest, over open wounds, rashes, or swollen, red, infected, or inflamed areas, skin eruptions, or on or near cancerous lesions.2. Not for use over metal implants, or in the presence of electronic monitoring equipment (e.g., cardiac monitors, ECG alarms).3. Not for use if you have a cardiac pacemaker, implanted defibrillator, or other implanted metallic or electronic device.4. Not for use in the bath or shower, while sleeping, driving, operating machinery, or during any activity in which electrical stimulation can put you at risk of injury.
--	---

2. How to Measure

Find the wrist bone (ulnar head) on the outside (lateral) portion of the wrist. Measure 6 inches up (proximal) the arm from the wrist bone. At this location, wrap the tape measure completely around (circumferentially) the arm and record your measurement.

Small = less than 9 inches

Large = greater than 9 inches

If your measurement is exactly 9 inches, consider choosing the Large *SaeboStim One*.





Prescription Form

Patient Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: (____) _____ Email: _____

Rx: Neuromuscular Electrical Stimulation for Disuse Atrophy and Muscle Re--education

PHYSICIAN SIGNATURE

DATE

Name of Physician: _____ NPI: ____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: (____) _____