

SaeboStim Pro | 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***										
IF ORDERING THE ACCESSORY KIT, PLEASE USE THE INSTRUCTIONS ON THE THIRD PAGE TO DETERMINE THE CORRECT 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							PRICE	QTY	TOTAL
	SaeboStim Pro, Complete Unit							219.00		
	SaeboStim Pro, Sensory Electrical Stimulation (SES) Accessory Kit		Arm Size	S	M	L	XL	119.00		
			Hand Size	XS	S	M	L			
	SaeboTrodes Replacement Electrodes, Round 1.25 inch / 3.2cm (4/pack)				1 pack		4.99			
					10 pack		39.99			
	SaeboTrodes Replacement Electrodes, Round 2 inch / 5cm (4/pack)				1 pack		4.99			
					10 pack		39.99			
	SaeboTrodes Replacement Electrodes, Rectangle 2 x 3.5 inch (4/pack)				1 pack		6.99			
					10 pack		59.99			
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 + 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 Pro Accessory Kit | Clinical & Measurement Guidelines

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 transcranially (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. 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. Use a measuring tape to take your measurements. If you do not have measuring tape, use string and then measure the string with a ruler. If you are in-between sizes please size up. Circle your size on Page 1 of this form in the space provided.

A



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

ARM SIZE
Small: 6" - 10"
Medium: 10" - 14"
Large: 14" - 18"
X-Large: 18" - 23"

B



Find Your Hand Size: Measure hand circumference by wrapping tape circumferentially around the hand.

HAND SIZE
X-Small: 6" or <
Small: 6" - 6.5"
Medium: 6.5" - 8"
Large: 8" - 9"
X-Large: 9" or >



Prescription Form

Patient Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

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: (_____) _____