



# Prescription Form

ARE YOU READY TO HELP YOUR PATIENTS KICK THEIR PAD HABIT?

All that's needed is a prescription.



## Prescription Form

Quantity: 1/999

Length of Need: 99 months (99 = lifetime) if other specify \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Prescribing Physician Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

NPI #: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

Fax #: \_\_\_\_\_

- INNOVO® shorts
- 30 minutes/day, 5 days/week, for 3 months
- Maintenance therapy: once per week for 30 minutes
- ICD10-N39.3 (SUI)

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This information is requested to document medical necessity for the use and purchase of INNOVO®. To purchase INNOVO, visit [www.myinnovo.com](http://www.myinnovo.com) and upload a copy of this prescription during checkout.

### Contraindications

#### INNOVO® should not be used if the patient:

- Has a cardiac pacemaker, implanted defibrillator or any implanted electronic device.
- Is pregnant.
- Has a suspected or diagnosed heart condition, without consulting a clinician first.
- Has any implanted metal devices in the abdominal or pelvic areas including an Intrauterine Device.

- Has epilepsy or is under medical supervision for cognitive dysfunction.
- Is wearing the product necessitates placement over areas at which drugs/medicines are administered by injection.

#### The patient needs to wait before using INNOVO® until:

- At least six months after child birth or until lactation has ceased.
- The heavy days of period have finished.

Do not use in close proximity to shortwave or microwave therapy equipment, as this may produce instability in the controller's output.