



ORDERING INSTRUCTIONS

- 1) COMPLETE this form and have patient SIGN
2) FAX completed Order Form to 901-791-9499
3) ORDER CONFIRMATION will be sent to clinician
4) Call 800-537-3779 with any questions.

HOME ELECTRICAL STIMULATION ORDER FORM

TODAY'S DATE, DESIRED DATE OF DELIVERY, CONTRACT TYPE (RENTAL, PURCHASE), SHIPPING METHOD (GROUND, 3 DAY, 2 DAY, OVERNIGHT), SHIP TO LOCATION (CLINICIAN OFFICE, PATIENT HOME)

PATIENT INFORMATION: Shipping Address

Last Name, First Name, Address, City, State, Zip, Home Phone, Work/Daytime Phone, Mobile Phone, Email address

ADDITIONAL PATIENT INFORMATION (Helpful in assisting patients for insurance reimbursement)

Diagnosis Code(s), Patient Date of Birth (mo/day/yr)

DISPENSING CLINICIAN, PRESCRIBING PHYSICIAN (required for claim form)

Name, Facility, Address, City, State, Zip, Phone, Fax, UPIN# / NPI#

PRODUCT INFORMATION (please circle/complete this section for accurate order filling)

Which e-stim unit does patient need? STM-10 LIBERTY PFS AWARE Other
Does patient need an internal sensor? Vaginal Anal None Brand Name?
If "NONE", what sensor does patient already have? Vaginal Anal Not Using Internal Sensor
What is the Brand Name of the sensor they already have?
Does the patient need any other supplies? Surface Electrodes Extension Cables Adapter

FINANCIAL RESPONSIBILITY & PAYMENT INFORMATION

Essential Control Systems does NOT accept assignment of private insurance for the rental or purchase of electrical home units. We will, however, assist patients in filing insurance forms. We expect payment on all accounts to be made by the patient at the time of service. By signing below, I understand and agree to the above terms and authorize my credit card to be charged in accordance with the above terms. All patients must provide credit card information even if third party payment is anticipated. \*\*Please use this space to provide billing address for credit card if it is different than the shipping address.

Patient Credit Card No., Exp Date, \*\*\*security code\*\*\*, Patient/Cardholder Signature