Purchase Authorization Form
The Fisher Wallace Stimulator®

The following Purchase Authorization Form may be completed by any healthcare practitioner (GP, Psychiatrist, Acupuncturist, Chiropractor, Physician’s Assistant, Psychologist, OBGYN, Nurse Practitioner, Social Worker, Pharmacist, Physical Therapist, etc.) who is licensed in the state that he or she practices. Please fax this completed form to 800.657.7362 or email it to orders@fisherwallace.com.

Patients with implanted medical devices (such as a nerve stimulator or pacemaker) are not qualified to use our device. Patients may safely use the Fisher Wallace Stimulator® in conjunction with any medication.

Date: ________ / ________ / ________

Patient’s Information
Patient’s Name: ________________________________
Patient’s Address: ____________________________________________________________
City: __________________________ State: __________________________ Zip code: __________
Phone Number: __________________________

Practitioner’s Information
Practitioner’s Name: ________________________________
Practitioner’s Address: ____________________________________________________________
City: __________________________ State: __________________________ Zip code: __________
Phone Number: __________________________ Email: __________________________
State License Number: __________________________

I am authorizing the use of The Fisher Wallace Stimulator® for __________________________
PATIENT’S NAME

Device Procedure Code: E0720

Diagnosis Code (optional): __________________________
PRACTITIONER’S SIGNATURE

Tel. 800.692.4380 Fax 800.657.7362 Email info@fisherwallace.com Web www.fisherwallace.com
The Fisher Wallace Stimulator®

The Fisher Wallace Stimulator® is a portable, non-invasive neurostimulation device that is cleared by the FDA for the treatment of depression, anxiety, insomnia and chronic pain. The device has been proven to be safe and effective in multiple published studies. Patients may use the device once or twice a day for 20 minutes. It may be used safely in conjunction with any medication.

Key Facts

- FDA-Cleared to treat depression, anxiety, insomnia and chronic pain.
- Multiple published, placebo-controlled studies show that reduction or remission of depression, anxiety and insomnia symptoms typically occurs within the first 2 - 4 weeks of daily use.
- The device has been prescribed by over 7000 healthcare providers since 2009.
- The device causes no serious side effects. Less than 1% of patients may experience a temporary headache or dizziness.
- Patients with implanted medical devices (such as a nerve stimulator or pacemaker) are not qualified to use the device.

In the United States, the FDA requires that a licensed healthcare practitioner authorize your purchase before we can ship your device. Choose one of the following options:

Visit www.purchase-authorization.com and complete a short online form and a licensed practitioner can provide same day authorization

- OR -

Use the attached authorization form and email it to info@fisherwallace.com or fax it to 800.657.7362

No prescription is required for patients in Europe or Canada where the device is approved for sale over-the-counter.

Contact Us
Tel. 800.692.4380
Fax 800.657.7362
Email info@fisherwallace.com
Web www.fisherwallace.com
Copyright © 2017 Fisher Wallace Laboratories