



A Product of Neurowave Medical Technologies

Prescription Form

Telephone: 866.943.9426 Fax: 866.792.8201
www.PrimaBellarx.com

Please print the required information below:

PATIENT INFORMATION (*Required Fields)

Patient Name*		Date of Birth*	
Home address*			
City*		State*	Zip*
Patient Contact #*		Patient Email Address	

PrimaBella

Quantity: _____

PHYSICIAN INFORMATION (*Required Fields)

Physician Name*		Phone #*	
Street Address*			
City*		State*	Zip*
Office Contact Name*			
Office Phone #*		Office Fax #*	

/ / / /

Submitted By:

Today's Date:
(mm/dd/yyyy)

Anticipated Start Date:
(mm/dd/yyyy)

Physician's Signature*

State License No. /DEA No.*

Fax completed form to 866.792.8201

For additional questions, please contact Customer Service at 866.943.9426