



# Felix NeuroAI™ Wristband ORDER CHECKLIST

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Non-Medicare

To submit a prescription, please follow these steps:

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1. Complete the Prescription Form.
2. Send the **Prescription Form** and **Chart Notes** from the visit during which Felix was prescribed or the most recent visit to

Fax: 800-673-3999

Please note that contraindications for Felix are as follows:

- Suspected or confirmed epilepsy
- Pregnancy
- Implanted electrical device such as a pacemaker, defibrillator or deep brain stimulator
- Wrist skin that is swollen, infected, inflamed or presents with eruptions, open wounds or cancerous lesions

8500 Normandale Lake Blvd., Suite 400B, Bloomington, MN 55437-5543  
Phone: 800-798-6777      Fax: 800-673-3999      Email: [support@fasiklmed.com](mailto:support@fasiklmed.com)

## NON-MEDICARE Felix NeuroAI™ Wristband for Tremor Relief – Prescription Form

### Patient Information

<b>Legal First Name:</b>		<b>Legal Last Name:</b>	
<b>Policy Number:</b>		<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>	<b>Mobile Phone:</b>		<b>Home Phone:</b>

### Diagnosis ICD-10 Code

<input type="checkbox"/> <b>G25.0:</b> Essential tremor
<input type="checkbox"/> <b>Other:</b>

### External Upper Limb Tremor Stimulator Description

<b>Felix NeuroAI™ Wristband for Essential Tremor</b> <b>HCPCS Code:</b> E0734 <b>Description:</b> External upper limb tremor stimulator of the peripheral nerves of the wrist <b>Quantity:</b> 1	
<b>Felix NeuroAI™ Electrode Bands</b> <b>HCPCS Code:</b> A4542 <b>Description:</b> Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist <b>Quantity:</b> 3 boxes (90-day supply) <b>Refill frequency:</b> every 90 days	

### Prescriber Authorization

<b>Treating Practitioner Signature:</b>		<b>Order Date:</b>
<b>Treating Practitioner Name:</b>		<b>NPI #</b>
<b>Clinic Name:</b>	<b>Email Address:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>	

Please fax the completed form to 800-673-3999.