

**Avation Customer Care**

Phone: 888.972.5694

Fax: 614.559.6771

Email: CustomerCare@Avation.com

Web: Avation.com

**Vivally Rx**<sup>®</sup>

TO BE FILLED BY THE PRESCRIBER
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**1 PATIENT INFORMATION**

FIRST NAME	LAST NAME
GENDER	DOB (MM/DD/YYYY)
PHONE NUMBER	

**Sizing Information**

SHOE SIZE	MEN'S	WOMEN'S	ANKLE CIRCUMFERENCE (in)  Measure above ankle bone
WIDE FIT?	YES	NO	

**2 MEDICAL DIAGNOSIS**

Diagnosis Code (ICD-10):

N32.81 Overactive Bladder	R32 Unspecified Urinary Incontinence
N39.46 Mixed Incontinence	R39.15 Urgency of Urination
Other _____	N39.41 Urge Incontinence

**3 MEDICAL NECESSITY - TRIED/ FAILED TREATMENTS FOR URINARY INCONTINENCE**

Behavioral Modification	Other _____
Pharmacologies	_____
Include previous tried & failed treatments and side effects in the most recent medical record notes	

**4 MEDICAL PRESCRIPTION**

Vivally System E0737
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**5 PRESCRIBER INFORMATION**

This form serves as a Prescription for the Vivally System. I attest that the clinical information in this document accurately reflects the patient's health status and condition. I further certify that the Vivally System is reasonable and medically necessary for the treatment of this patient's condition.

PRESCRIBER FIRST NAME	PRESCRIBER LAST NAME
PRESCRIBER EMAIL	NPI #
PRESCRIBER'S SIGNATURE	DATE

**OPTIONAL FIELDS - PRESCRIBERS DESIGNATED CONTACT PERSON**

NAME	PHONE NUMBER
EMAIL	

## PRESCRIPTION & ORDER FORM INSTRUCTIONS

### Vivally Wearable At-Home OAB Treatment

The Vivally<sup>®</sup> System, by Avation Medical, is a wearable at-home treatment for patients experiencing symptoms of overactive bladder (OAB). Vivally is an FDA-cleared wearable tibial neuromodulation (wTNM) technology, offering patients a convenient and discreet way to manage their condition in sessions of 30 minutes, on their own schedule.

### Indication for Use

The Vivally System is a wearable neuromodulation system to treat patients with the bladder conditions of urge urinary incontinence and urinary urgency.

### Caution

Federal law restricts this device to sale by or on the order of a physician. Before prescribing or use, please refer to product labeling and the Avation Medical User Guide, for complete product instructions for use, contraindications, warnings and precautions.

### Instructions

#### Prescribers

Submit the completed Prescription Form and HCP Chart Notes (medical records).

#### Patients

Submit the signed patient agreement, signed PRIA agreement, and front & back of insurance card.

**Please note:** Insurance prior authorization cannot be initiated until all patient forms have been received.

### Submit documentation via:



Secure Patient  
Fillable Form  
Avation.com  
Patient Kit



Fax  
614.559.6771



PDF  
Intake@Avation.com



Avation Medical  
PO Box 736474  
Chicago, IL  
60673-6474



Secure Prescriber  
Fillable Form  
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Prescriber Kit



Call Avation Customer Care at 888.972.5694 for assistance