

Avation Customer Care

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Vivally Rx[®]

TO BE FILLED BY THE PRESCRIBER

1 PATIENT INFORMATION

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

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

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[®] 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
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Secure Prescriber
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Call Avation Customer Care at 888.972.5694 for assistance