

Please send your authorisation to [gammaCore@medistar.com.au](mailto:gammaCore@medistar.com.au) or call **1800 943 001**

**PATIENT INFORMATION**

Name  Phone  Email

**PRIMARY ADDRESS**

**SHIPPING ADDRESS**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**DIAGNOSES**

Patient has  Cluster Headache  Migraine  Other

**PATIENT CONSENT**

I agree that my Doctor named below may provide this form to the gammaCore distributor, Medistar. Accordingly, Medistar will be provided with my personal information which has been completed above to be used by Medistar to process my order of the gammaCore products as recommended by my Doctor below and for the relevant product training.

Signature  Name  Date

**TRAINING**

Has this patient been trained on gammaCore?  Yes  No  
 Have you advised the Patient that you will be providing this form to the gammaCore distributor, Medistar, to contact the Patient for purchase of the gammaCore products and to provide subsequent product training?  Yes  No

**STARTER KIT TO BE ORDERED**

12016- 06002 <input type="checkbox"/> gammaCore Sapphire, 93-day Starter Kit	\$ 1320.00 (incl. GST and Freight)
12016-06001 <input type="checkbox"/> gammaCore Sapphire, 31-day Starter Kit	\$ 475.00 (incl. GST and Freight)

**REFILL CARD TO BE ORDERED**

12016-06593 <input type="checkbox"/> gammaCore Sapphire, 93-day Refill Kit	\$ 1320.00 (incl. GST and Freight)
12016-06531 <input type="checkbox"/> gammaCore Sapphire, 31-day Refill Kit	\$ 475.00 (incl. GST and Freight)

**PHYSICIAN AUTHORISATION – I authorise the named patient above to use gammaCore therapy as indicated**

Doctor Name (Please print)

Provider Number

Practice Address

Signature  Date

## DISCLAIMER

All gammaCore users must review all materials provided with the product and/or on our website ([www.medistar.com.au/patient](http://www.medistar.com.au/patient)). In accordance with the Privacy Act 1988 (Cth), the patient information will be maintained in accordance with the National Privacy Principles and further information can be found on our website <https://medistar.com.au/privacy-policy/>.

**Australian Sponsor:** MEDISTAR, Level 3, 349 Coronation Drive, Milton QLD 4064

**ABN:**41 486 656 941

**Ph:** 07 3842 3142 or 1800 934 001 **E:** [gammacore@medistar.com.au](mailto:gammacore@medistar.com.au) **W:** [medistar.com.au](http://medistar.com.au)

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