

Recommendation Form

Treatment recommendation for t-VNS[®] with NEMOS[®]

I hereby recommend the following patient:

NAME	Mr/Ms/Mrs	
ADDRESS	House No	
	Road Name	
	Town	County
	Post Code	Contact Tel No.
WHOSE DATE OF BIRTH IS		
WITH THE DIAGNOSIS OF		

For therapy with the transcutaneous Vagus nerve stimulator NEMOS[®]
The transcutaneous Vagus nerve stimulator NEMOS[®] is available (CE Mark) for the indication EPILEPSY.

DATE OF RECOMMENDATION	
DOCTORS NAME	
SIGNATURE & STAMP OF DOCTOR	
ADDRESS OF DOCTOR	
	Post Code

Please send this Signed Treatment Recommendation Form back to us at Delta Surgical LTD (at the address below) by either Fax, E-mail or Post. THANK YOU.

NEMOS[®] t-VNS[®] for Epilepsy Is Distributed Exclusively in the UK. by Delta Surgical Ltd

