



Nidra TOMAC[®] System Prescription Form

Fax the completed form with signature to 925-660-0115;
or e-mail to Rx@noctrixhealth.com

Patient Information

Required Field

Patient Name:

Date of Birth:

Please check the appropriate box:

New Order

Renewal

Prescription Information

Nidra Tonic Motor Activation[®] (TOMAC[®]) system is comprised of: Two therapy units (one for each leg), charge dispersing interfaces and charging accessories.

ICD-10 Code: G25.81 Other: _____ Diagnosis Description:

I prescribe the use of Nidra TOMAC, as described above, for a period of:

24 months

Other: _____ (for Medicare patients, please do not exceed 24 months)

Prescriber Information

Practice Information

Prescriber Name (Last, First, Middle Initial)

NPI Number

E-mail

Practice or Clinic Name

Office Phone

Office Fax

Office Address

Prescriber Only to Complete. Original Signature Required, No Stamps

By signing and dating, I attest that I am prescribing Nidra TOMAC (DO NOT SUBSTITUTE) as medically necessary. I have read and understand all safety information and other instructions included with Nidra[™] TOMAC.

Prescriber Signature:

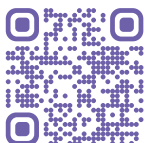
Date (MM/DD/YYYY):

Order Information

Treatment education, calibration and initiation of therapy will take place either in the patient's home, the prescriber's office, or a titration center. Upon completion of the education session, the patient may initiate treatment in the presence of Noctrix Health personnel.

Preferred Treatment Start Date (at least 5 business days from receipt of all required paperwork):

For Questions or Additional Information: (866) EASE-RLS or Rx@NoctrixHealth.com



Scan here for
prescription help.

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