

The first and only FDA authorized medical device that helps reduce the symptoms of fibromyalgia

Quell | Fibromyalgia



## What is Quell Fibromyalgia?

An easy to use, wearable neuromodulation device you can prescribe to your patients with fibromyalgia.

## How does it work?

Quell provides symptom relief by comfortably stimulating sensory nerves through a device worn around the calf. The nerves carry neural pulses to the brain that trigger a natural response believed to reduce the body's hypersensitivity to pain and other symptoms associated with fibromyalgia.\*



## How is Quell Fibromyalgia different than a TENS unit?

Quell's constant current technology is a closed loop system. Quell consistently monitors skin impedance and adjusts stimulation accordingly to ensure consistent dose.

## Side effect profile

Since this is a non-invasive, wearable device, there are no significant side effects. Some patients may experience minor skin irritation.

## Contraindications

The device is contraindicated for use by patients who have a cardiac pacemaker, implanted defibrillator, other implanted electronic device, or implanted metal near the device.

## Recommendations for use

New users should wear Quell for a minimum of 3 treatment sessions per day for the first 30 days. Thereafter, they may use as often as needed for symptom relief. Quell may also be used overnight, during sleep.

## Device placement

Quell is designed to be worn on the upper calf, 1-2 inches below the knee. It can be worn on either leg.

## Device cost

Quell Fibromyalgia is not covered by insurance and is only available on a cash pay basis. The starter kit is \$75 and includes everything a patient will need to evaluate the device (Device, strap, charging cable, 30-day supply of electrodes). If the patient would like to continue after the evaluation period, they just need to purchase electrode refills, which are sold in a 3 month pack for \$199.

## How to prescribe?

Simply complete and submit the attached prescription form to HealthWarehouse, our exclusive online pharmacy. HealthWarehouse will contact your patient to collect required information and payment details.

## Device shipping + setup

The patient will receive the device in the mail and be guided through an easy, step-by-step setup via our mobile app. If they have any questions during the process, they can speak with a member of our Boston-based Customer Care team at 800-204-6577.

If there are other patients in your practice who could benefit from Quell Fibromyalgia, contact us at [info@quellfibromyalgia.com](mailto:info@quellfibromyalgia.com) for additional resources. Display devices, patient brochures and prescription pads are available upon request. For more information on Quell Fibromyalgia, visit: [www.QuellFibromyalgia.com](http://www.QuellFibromyalgia.com).

*\*The specific biological mechanisms by which Quell produces all its clinical benefits are uncertain. Additional support from unpublished data in fibromyalgia and chronic low back pain RCTs.*



**STARTER KIT**

- Includes:*
- 1 Quell Fibromyalgia Device
  - 1 Quell Standard Size Band
  - 1 Month Supply of Standard Electrodes (2 Electrodes)
  - 1 Charger
  - 1 Charger Cable

**PRESCRIBER FAX FORM**

**1. PATIENT INFORMATION**

\_\_\_\_\_  
 Patient's Full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Patient's Birthdate (MM/DD/YY)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email

**ADDITIONAL COMMENTS OR INSTRUCTIONS:**

\_\_\_\_\_

**2. MEDICATION INFORMATION**

**QUELL FIBROMYALGIA STARTER KIT**

\_\_\_\_\_  
 Prescription Device

**DIRECTIONS REQUIRED**

As Needed  Other Directions \_\_\_\_\_

\_\_\_\_\_

**3. PRESCRIBER INFORMATION**

\_\_\_\_\_  
 Prescriber's Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 DEA, NPI, or License #

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 Prescriber Email\*

\*to be used for questions about this prescription or manufacturer updates concerning the device

**ADDITIONAL COMMENTS OR INSTRUCTIONS:**

\_\_\_\_\_  
 Prescriber's Signature (REQUIRED)

**ALL FIELDS ARE REQUIRED FOR A VALID PRESCRIPTION.  
 FAX FORM TO (859) 525-0198**

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**TRY.HEALTHWAREHOUSE.COM/QUELL**

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**HealthWarehouse.com**  
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