

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

Quell | Fibromyalgia



## ABOUT QUELL FIBROMYALGIA

### How does it work?



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

### How is Quell different than traditional TENS?

Quell's technology is a closed loop system, consistently monitoring multiple physiological parameters and adjusting stimulation to ensure a consistent treatment dose. Quell is true wearable neuromodulation that can be worn for long periods of time and is approved for use during sleep.

### Who is right for Quell?

Quell should be prescribed to patients who meet diagnostic criteria for fibromyalgia or have bilateral lower extremity pain.

### Contraindications

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

## PATIENT INFORMATION

### Recommendations for use

A minimum of 3 treatment sessions per day for the first 30 days. Quell may also be used during sleep.

### Device cost

#### Starter Kit: \$599

Includes everything needed to evaluate the device for 120 days.  
*60-day money back guarantee*

#### Electrode Refills: 3 month pack \$199

For continued use after the evaluation period a patient will need to purchase electrode refills.

*\*HSA/FSA approved.*

### Device shipping + setup

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

## PRESCRIPTION INFORMATION

Submit Quell Fibromyalgia's prescription form to HealthWarehouse, our exclusive online pharmacy. Contact your Quell Representative for electronic prescription details. HealthWarehouse will contact your patient to collect required information and payment details.



**STARTER KIT**

- Includes:*
- 1 Quell Fibromyalgia Device
  - 1 Quell Standard Size Band
  - 4 Month Supply of Standard Electrodes (8 Electrodes)
  - 1 Charger
  - 1 Charger Cable

**PRESCRIBER FAX FORM**

**1. PATIENT INFORMATION**

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

\_\_\_\_\_  
 Address

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 City

\_\_\_\_\_ 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

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DEA, NPI, or License # \_\_\_\_\_  
 City

\_\_\_\_\_ 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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[HEALTHWAREHOUSE.AC-PAGE.COM/QUELL-UPDATE](http://HEALTHWAREHOUSE.AC-PAGE.COM/QUELL-UPDATE)

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