

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: \$4,500

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

**Electrode Refills: 12-month pack
\$2,600**

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 Customer Experience team at 800-204-6577.

PRESCRIPTION INFORMATION

Submit Quell Fibromyalgia's prescription form to Neurometrix Customer Service. Contact your Quell Representative for electronic prescription details. Customer Service will contact your patient to collect required information and payment details.

Quell Fibromyalgia

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:



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

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.
EMAIL FORM TO customerservice@neurometrix.com**

Notice of Confidentiality: The information in the facsimile transmission contains confidential information belonging to the sender that is legally privileged and is intended only for the individual designated above. Others are hereby notified that disclosure, copying, distribution, or taking action based on the content of this information is strictly prohibited. If you have the facsimile in error, please notify the sender immediately at the number provided below. Any facsimile erroneously transmitted to you should be returned to the sender by US mail, or if authorized by the sender, destroyed.

quellfibromyalgia.com

Neurometrix, Inc
4B Gil Street Woburn, MA 01801
Phone: (800) 204-6577