



# gammaCore Direct Prescription Form

Please fax form to **855-647-1320** or email the form to [orders@electrocore.com](mailto:orders@electrocore.com)

Name:		Email:	
Phone:	DOB:	Address:	
City:	State:	Zip:	
RX: gammacore Sapphire		Quantity: 1	
Refills:		Days of Supply: 90	
Directions:			
Health Care Provider Signature			Date:
Health Care Provider Name:		Practice Name:	NPI:
Address:			
City:	State:	Zip:	
Phone:	Fax:		

For questions on prescribing gammaCore Sapphire, call **888-903-2673**.  
For clinical or training questions or comments, call electroCore at **888-903-2673** or email [customerservice@electrocore.com](mailto:customerservice@electrocore.com)

By completing and submitting this form, I represent that I am a licensed US healthcare professional qualified to treat patients who may benefit from use of gammaCore, and I authorize electroCore to enter the information I have provided into a database that will be publicly accessible at gammaCore.com by persons who may contact me seeking medical care. I agree that electroCore, its agents, subcontractors, affiliates, or third parties under contract with them may contact me from time to time by telephone, mail, or email to provide information about products or services that may be of interest to me. I have a right to access and verification to my information. I also have a right to opt out of the database at any time. I may "opt out" or change my information at any time by emailing [info@electrocore.com](mailto:info@electrocore.com). This statement may be updated from time to time. Inclusion in the database is not intended to be and should not be construed as an inducement or encouragement for the referral of patients or the use of particular products. electroCore reserves the right not to include any or all information in the physician finder database, or to remove or disable any listing in the physical finder database at any time for any reason without approval or notice.

