

PATIENT INFORMATION

1 **NAME** (required) _____ Gender M F DOB _____
 Address _____ Spanish Speaking Only
 City, State, Zip _____ **PHONE** (required) _____
 Secondary Insurance _____

2 **Start Date:** (required) _____

PRESCRIBED PRODUCT ZIDA CONTROL SOCK

3 **Primary ICD-10 Diagnosis:** (required)
 ICD-10 N32.81 Overactive Bladder
 Primary Secondary
 ICD-10 R32- Unspecified Urinary Incontinence
 Primary Secondary
 ICD-10 R35.0 Frequency of Micturition
 Primary Secondary
 ICD-10 R39.41 Urge Incontinence
 Primary Secondary

4 **Zida Control Kit Components:**
 1- Zida Control Sock
 2- Zida Control Unit
 3- AAA battery
 4- Zida User Guide

5 **Sock Sizing Chart**

Size	US Womens	US Mens	Euro
<input type="checkbox"/> Small	4-6.5	3-5.5	34-37
<input type="checkbox"/> Medium	7-9.5	6-8.5	38-41
<input type="checkbox"/> Large	10-12.5	9-11.5	42-45
<input type="checkbox"/> X-Large		12-14.5	46-49

6 **TREATMENT FREQUENCY:**

- Conduct 12 treatments, typically once per week.
- After the initial 12 treatments, slowly increase the time between treatments, closely monitor for the return of symptoms.
- If symptoms reappear or increase in severity, the patient's treatment schedule should revert to the last previously effective treatment schedule.

CLINICIAN INFORMATION

7 **CLINICIAN'S NAME** (required) _____ License # _____ NPI _____
CLINICIAN'S SIGNATURE (required) _____ Credentials _____ **DATE** (required) _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 RN/MA Contact Name _____

ZIDA is a Nueromodulation System that is intended to treat patients with an overactive Bladder (OAB) and associated symptoms of urinary urgency, urinary frequency, and urge incontinence.