

# Medical Prescription



## 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.

Please fax completed form to (833) 599-2554