



# 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:			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)

