



GAMMACORE™ EMERALD PRESCRIPTION FORM

Please fax form to **855-647-1320**
or email the form to **orders@electrocore.com**.

Patient Name:	Email:	
Phone:	DOB:	
Address:		
City:	State:	Zip:
RX: gammaCore Emerald	Quantity: 1	
Refills: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Days of Supply: 90 days	
Directions:		

Health Care Provider Signature:	Date:	
Health Care Provider Name:	NPI:	
Practice Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

For questions on prescribing gammaCore, call **888-903-2673**.
For clinical or training questions or comments, call electroCore at **888-903-2673** or email **customerservice@electrocore.com**.

By signing and submitting this form, I represent that I am a licensed US health care professional qualified to treat patients who I believe may benefit from the use of gammaCore, and I have determined that its use is medically appropriate for the patient identified on this form.

I AUTHORIZE electroCore, its employees, affiliates, representatives, and agent (collectively, "electroCore") to collect my personal information, as provided by me on this form, and I authorize electroCore to use that information to process and administer the fulfillment of the prescription. (This authorization is required in order to dispense the product.)

Please select one of the options below to authorize or decline the use of your information for marketing communications.

I FURTHER AUTHORIZE electroCore to use my personal information for the following purposes: (1) to contact me directly and/or to make accessible to its agents, subcontractors, affiliates, or third parties so that they may contact me by telephone, email and/or mail to provide information about products or services that may be of interest to me; and (2) for analytical, profiling, product improvement, marketing, or other commercial purposes.

I have the right to opt-out of the use of my personal information for the contact and other reasons stated above at any time. By checking this box, I am exercising my right.

Depending on my state of residency, I may have various additional rights regarding my personal information, which may include the right to limit or prohibit the sharing or sale of my personal information. For further details regarding any such right and electroCore's data privacy practices, can be found here: <https://www.electrocore.com/privacy-policy/>