

Notice of Prescription Medical Device

Clinic Name: _____

Address: _____

To Whom It May Concern:

The following patient, _____, has been prescribed a gammaCore™ non-invasive vagus nerve stimulation (nVNS) device and may be traveling with the device and related accessories.

gammaCore™ is a handheld, portable prescription medical device prescribed by a licensed healthcare provider. The device contains electronic components and an internal rechargeable lithium-ion battery.

The patient may be carrying the following items:

1. gammaCore™ non-invasive vagus nerve stimulator
2. Charging cable
3. Carrying case
4. Conductive gel or related supplies (which may still be subject to travel rules and regulations)

The patient may need access to the device during travel as directed by their healthcare provider. This document is provided to assist security personnel in identifying the device and its accessories and does not exempt the device or accessories from applicable security screening procedures.

If additional information regarding gammaCore™ is required, please contact electroCore, Inc.

electroCore, Inc.

200 Forge Way, Suite 205
Rockaway, NJ 07866 USA

Customer Support: 888-903-2673

Website: www.gammaCore.com

Sincerely,

Healthcare Provider Name: _____

Healthcare Provider Signature: _____

Title: _____

State License Number: _____

Phone Number: _____

Date: _____