

AUTHORISATION FORM



BYOND HEALTHCARE



www.byondhealthcare.com

info@byondhealthcare.com

**Denotes mandatory field*

+27 83 784 2164

PATIENT DETAILS

First name*

Last name*

DOB*

Phone number*

Email*

HEALTHCARE PROVIDER AUTHORISATION DETAILS

First name*

Last name*

Practice Number*

MP Number (if applicable)*

Profession*

Speciality*

Work Address*

☐ gammaCore™ Sapphire SLC Device Kit – Starter Kit with 93 consecutive days of therapy

☐ gammaCore™ Sapphire SLC Refill Kit – 93 consecutive days of therapy (refill only)

☐ gammaCore™ Sapphire D Device Kit – Starter Kit pre-loaded with 36 months of therapy

This treatment is authorised and valid for continuation of successful therapy for:

☐ 6 Months

☐ 12 Months

☐ 24 Months

☐ 36 Months

AUTHORISED FOR THE TREATMENT OF (OPTIONAL INFORMATION):

☐ Cluster Headache

☐ Medication overuse headache

☐ Migraine

☐ Paroxysmal Hemicrania

☐ Hemicrania Continua

☐ Other (please specify)

ICD10 Code

Directions for use

(Healthcare provider signature)

(Date)

PATIENT CONSENT

I hereby consent for my Healthcare provider above to provide this form to the gammaCore™ distributor, Byond Healthcare. Accordingly, Byond Healthcare will be provided with my personal information, to be used by Byond Healthcare to process the order of the gammaCore™ products as recommended and authorised, and for communication and support.

(Patient signature)

(Date)

DISCLAIMER: All gammaCore™ users must review all materials provided with the product and/or on our website (www.byondhealthcare.com/medical-devices). In accordance with the POPI Act No. 4 of 2013 and further information can be found on our website www.byondhealthcare.com/privacypolicy
South African distributor: Byond Healthcare, 1011 Courson Street, Val De Vie, Paarl, 7646 Email: info@byondhealthcare.com Phone: +27 83 784 2164
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TEM.023 V1.1

ORDER FORM



BYOND HEALTHCARE



www.beyondhealthcare.com

info@beyondhealthcare.com

+27 83 784 2164

FOR OFFICIAL USE ONLY

Serial Number

Referring HCP

Authorisation Received

☐

Yes

☐

N/A

PRODUCT NAME

PAYMENT OPTION

QUANTITY

gammaCore™ Sapphire SLC Device Kit (Starter) 93-Day | Option 1 - R 12 420 once-off payment

gammaCore™ Sapphire SLC Device Kit (Starter) 93-Day | Option 2 - R 12 720: First payment R 5 550.00 + R 3 585 /month x 2

gammaCore™ Sapphire SLC Device Kit (Refill) 93-Day | Option 1 - R 12 420 once-off payment

gammaCore™ Sapphire SLC Device Kit (Refill) 93-Day | Option 2 - R 12 720: First payment R 5 550.00 + R 3 585 /month x 2

gammaCore™ Sapphire D Device Kit 36 Month | Option 1 - R 90 000 once-off payment

gammaCore™ Sapphire D Device Kit 36 Month | Option 2 - R 95 000: First payment R 46 250 + R 4 431.82/month x 11

Note: Medical devices are non-refundable

All prices exclude a nationwide shipping fee of R 150

*Denotes mandatory field

First name*

Last name*

Phone number*

Email*

I am a*

☐

Healthcare Provider

Practice Code*

☐

Patient

Street address*

City*

Province*

Country*

-

Banking Details

-

Byond Healthcare Pty Ltd
FNB Cheque Account
Account No: 62892838940
Branch: 250655
-

(Signature)

(Date)

Submit order to orders@beyondhealthcare.com

TEM.007 V2.2
gammaCore
2023.04.18