*Insert your* ***address***

*and* ***information*** *here*

*Insert* ***health insurance address*** *here*

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| --- | --- | --- | --- |
| Place, date: |  | Insert **place** et **date** here | Page: 1/1 |
| Insured person: |  | Insert **full** n**ame** here |  |
| Date of birth: |  | Insert **date of birth** here |  |
| Customer number: |  | Insert health insurance **customer number** here |  |
|  |  |  |  |
| **About:** |  | **e-TNS migraine device prescription according to LiMA** | |

To whom it may concern,

We are pleased to send you this prescription letter for the above-mentioned patient.

* **Diagnosis**: After a thorough medical examination, the patient has been diagnosed with migraines.
* **Indication**: The Cefaly is an External Trigeminal Nerve Stimulation device **(e-TNS), indicated for the long-term prophylaxis and/or treatment of migraine attacks.** Existing CE certification (no. 0459) is a necessary but also sufficient condition for SwissMedic authorization.
* **Benefit**: After receiving instructions, the patient was able to successfully complete a 120-day therapeutic trial with the Cefaly e-TNS device.
* **Efficiency**: After a successful 120-day trial phase, we were able to establish, using a headache diary, that use of the Cefaly device had reduced the patient's complaints (number of migraine attacks, prophylactic and acute medication intake) by >20%.
* **Assumption of costs**: in the list of means and devices (LiMA), the use of external trigeminal neuromodulation **(e-TNS) indicated for long-term prophylaxis and/or treatment of migraine attacks is reimbursed as follows:**

- **09.02.03.00.1** Purchase of Cefaly e-TNS device CHF 379.88

- **09.02.03.00.2** Rental of Cefaly e-TNS device for 120 days CHF 26.40 (0.22 CHF/day)

- **09.02.03.01.1** Return of Cefaly e-TNS device 62.85

- **09.02.03.02.1** Standard electrode for Cefaly e-TNS device per piece CHF 8.33

- **09.02.03.03.1** Hypoallergenic electrode for Cefaly e-TNS device per piece CHF 10.33

Thank you for your promt processing.

Insert name of***Institute/doctor***

***stamp/signature*** *here*

Best regards