



## AfibAlert® Prescription Form

The AfibAlert® Heart Rhythm Monitor is regulated by the FDA and requires a prescription by a licensed physician. This is due to the features for detecting and alerting a patient of the presence of AF instantly after their ECG has been recorded. This form is available to assist patients in getting a prescription from their physician. A physician or healthcare organization may also use their own prescription form when prescribing an AfibAlert®. For more information about the AfibAlert® visit [www.lohmantech.com](http://www.lohmantech.com).

### Patient Information

First and Last Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone:		
Email Address:		

### Prescribing Physician Information

First and Last Name:		
Healthcare System or Clinic Name:		
Street Address:		
City:	State:	Zip Code:
Main Phone:	Fax Number:	
Email Address (required to setup account for online access of patient ECGs):		
Physician's License Number:		

### Prescription Notes

Use the AfibAlert to monitor and record patient's heart rhythm as directed.	
Physician's Signature:	Date:

Fax Completed form to (888)494-8950 or email it to [websupport@lohmantech.com](mailto:websupport@lohmantech.com)  
For questions you can also call: (866)321-AFIB(2342)