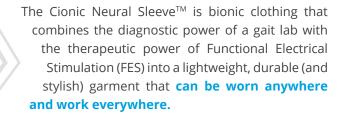
# CIONIC

Neural Sleeve<sup>™</sup>



#### **Cionic Neural Sleeve™ Can Assist With:**

- Improved walking for individuals with:
  - Multiple Sclerosis
  - Stroke
  - Cerebral Palsy
  - Incomplete Spinal Cord Injury
  - Traumatic Brain Injury, or
  - Other neuromuscular diagnoses
- Exercise and muscle conditioning for individuals with leg weakness



Our FDA cleared Class II medical device is prescribed by a physician.

#### **Combines Function & Form**

### Advanced Technology:

- Coordinated FES activation of dorsiflexors, plantarflexors, quadriceps, hamstrings during gait
- Algorithms that continuously measure user movement and adapt to individual needs
- Easy-to-don sleeve and softwaresteerable stimulation provide consistent and effective results
- A library of exercise programs through the Cionic app
- First-of-its-kind Read + Write Neural Interface for measuring and activating muscle firings



#### Rigorously Tested in Trials



94% of participants experienced increased ankle dorsiflexion at heel strike



90% of participants experienced reduced ankle inversion during swing



9° average improvement to dorsi+inversion across all participants

## **Physician Prescription Form**





#### ALL SECTIONS MUST BE FILLED OUT COMPLETELY

Computer Fillable PDF

| PATIENT INFORMATION   |                                 |  |   |       |  |         |         |        |       |   |  |
|---|---------------------------------|--|---|-------|--|---------|---------|--------|-------|---|--|
| PATIENT INFORMATION First Name Last Name  |                                 |  | Phone Number  |       |  |         |         |        |       |   |  |
|   |                                 |  |   |       |  |         |         |        |       |   |  |
| Street Address  |                                 | City   |   |       | State  |         | Zip     |        |       |   |  |
|   |                                 |  |   |       |  |         |         |        |       |   |  |
| Date of Birth (MM/DD/YYYY)  Email Address*  |                                 |  |   |       |  |         |         |        |       |   |  |
| Primary Diagnosis   |                                 | Indicati   | ons for Use:  |       |  |         |         |        |       |   |  |
| CVA MS SCI  |                                 | The Cionic Neural Sleeve NS-100 is intended to provide   |   |       |  |         |         |        |       |   |  |
| Other (Specify)   |                                 |  | ankle dorsiflexion and/or plantarflexion in adult (22+) individuals with foot drop and/or to assist knee flexion or extension in adult individuals with muscle weakness |       |  |         |         |        |       |   |  |
| Affected Limbs  |                                 | related  | to upper motor ne   | uror  | n dise   | ase/in  | jury (  | e.g.   | ess   |   |  |
| Left Right  |                                 | Cionic Neural Sleeve   |   |       | thways to the spinal cord). The NS-100 electrically stimulates |         |         |        |       |   |  |
| Other Comments  |                                 | muscles in the affected leg to provide ankle dorsiflexion and/or plantarflexion of the foot and/or knee flexion or extension; thus, it also may improve the individual's gait. |   |       |  |         |         |        |       |   |  |
|   |                                 |  | nic Neural Sleeve N   |       |  |         |         | ,      | 0     |   |  |
|   |                                 | - Facilita   | te muscle re-educ<br>t/retard disuse atr  | atior | ì  | ,       |         |        |       |   |  |
| ICD-10 Code:  |                                 | - Maintain or increase joint range of motion<br>- Increase local blood flow  |   |       |  |         |         |        |       |   |  |
| Contraindications: Individuals with implanted the Cionic Neural Sleeve; it should not be used where existing thrombosis is present; and it is fracture or dislocation, could be adversely afficially. | ed over malign<br>should not be | ant tumo<br>used on  | ors; it should not<br>a leg where a reg   | be    | olace  | d ove   | r any   | / area |       | 9 |  |
| PHYSICIAN INFORMATION   |                                 |  |   |       |  |         |         |        |       |   |  |
| Name  | License #                       |  | N   | 기#    | #  |         |         |        |       |   |  |
| e:  |                                 | I City   |   | 1     | toto   |         | 7:0     |        |       |   |  |
| Street Address  |                                 | City   |   |       | State  |         | Zip     |        |       |   |  |
| Phone Number  | Office Conta                    | tact   |   |       |  |         |         |        |       |   |  |
| I certify that the above-prescribed device is medically in  | dicated and in my               | y opinion is   | reasonable and nec  | essai | y for  | this pa | tient's | treatn | nent. |   |  |
| Physician Signature   |                                 |  | Date  |       |  |         |         |        |       |   |  |

\*Please ensure the email address provided matches the one used to place your order to avoid any delays in processing and fulfillment.

Upon completion please return this form via email to rx@cionic.com or via fax to +1 (510) 426-7572