



Prescription Form

Take to your Pharmacy

The DizzyFIX is a medical device for the treatment of vertigo associated with BPPV. The device visually guides you through the most effective treatment maneuver. It takes only minutes and can be repeated.

Date _____

Patient Name _____
Please Print

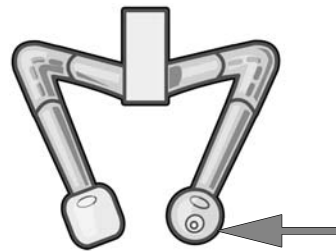
Patient Address _____

Check One

Right

Right Sided BPPV:

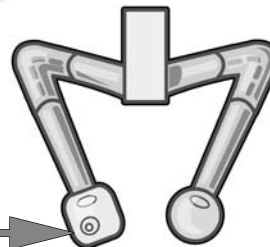
Reposition - OD
M - 1 Week and PRN
Start with the particle on the blue (right) side



Left

Left Sided BPPV:

Reposition - OD
M - 1 Week and PRN
Start with the particle on the yellow (left) side



Order Number (If known) _____
Please Print

Dr. Signature: _____

Dr. Name: _____
Please Print

Dr. Phone Number: _____
Please Print

For more information visit www.dizzyfix.com