Patient Referral Form for Enterra® Therapy

Patient Name: _____
DOB: _____/_____/_____
Phone: _____
Primary Care Provider: _____
Insurance (Primary): _____
(Secondary): _____
Plan ID: _____

Patient between 18-70 years of age:

☐ **Gastroparesis caused by diabetic or unknown origin with chronic, resistant to medication nausea and vomiting**

Etiology

☐ Is the patient Diabetic? ☐ Type 1 or ☐ Type 2 HbA1c:_____ Duration:_____

☐ Does the patient have gastroparesis of unknown origin? ☐ Other:_____

Symptoms

Symptoms (Start Date/Severity): Nausea:_____/_____ out of 10 Vomiting:_____/_____ times per week

Early Satiety:_____/_____ out of 10 Bloating:_____/_____ out of 10 Abdominal Pain:_____/_____ out of 10

Weight Gain/Loss History (Date/Weight):_____/_____ _____/_____

Quality of Life (date/score): ☐ GCSI:_____/_____ ☐ Other:_____/_____

Hospitalizations

How many hospitalizations has the patient had in the past year due to gastroparesis?

Episodes of admission/# of days:_____/_____

☐ **Difficulty managing symptoms after failed frontline therapies (diet and medications)**

Failed Diet and Frontline Therapy History

Dietary Modification:_____

Supplemental Nutrition: ☐ Oral Supplement ☐ NJ Tube ☐ GJ Tube ☐ J Tube ☐ TPN

Medications:

Medication Tried and Failed:

☐ Metoclopramide ☐ Erythromycin ☐ Domperidone ☐ Other:_____

Current Medical Regimen: _____

_____

☐ **Previous diagnostic studies such as gastric emptying study or endoscopy have been conducted and results attached**

Diagnostics

Gastric Emptying Study Results (Off Prokinetics for 3 Days): % Retention 2 hrs:_____ 4 hrs:_____

Date of Endoscopy: _____ Results: _____

☐ I recommend this patient for an Enterra gastric electrical stimulation therapy consultation

Physician Name: _____ Date: _____

Phone: _____ Email: _____

enterra medical™

Important Safety Information
Enterra® Therapy for treatment of chronic, resistant to medication nausea and vomiting associated with gastroparesis caused by diabetes or an unknown origin in patients aged 18 to 70 years: patients should always discuss potential risks and benefits of the device with their physician.

Indications for Use: The Enterra Therapy System for gastric electrical stimulation is indicated for use in the treatment of chronic, intractable (drug refractory) nausea and vomiting associated with gastroparesis caused by diabetes or an unknown origin in patients aged 18 to 70 years.

Contraindications: The Enterra Therapy System is not intended for patients whom the physician determines are not candidates for surgical procedures and/or anesthesia due to physical or mental health conditions. You cannot have diathermy (deep heat treatment from electromagnetic energy) if you have an Enterra device.

Warnings/Precautions/Adverse Events: This system has not been evaluated for pregnant women, for use in patients under the age of 18, or patients over the age of 70. The system may be affected by or adversely affect cardiac devices. Strong sources of electromagnetic interference (EMI) such as from electrocautery, defibrillation/cardioversion, therapeutic ultrasound, radiofrequency (RF)/microwave ablation, or MRI, can result in serious injury, system damage, or operational changes to the system. EMI, postural changes, or other activities may cause shocking or jolting sensations.

The Enterra II System is MR Conditional. This means that patients with the Enterra II System can safely have MRI examinations of some body parts under certain conditions. The conditions for MRI scans will vary with the type of MRI coil. Obtain the latest MRI guidelines by referring to the manuals at www.enterramedical.com/hcp/manuals. Patients on anticoagulation therapy may be at a greater risk for post-operative complications. The use of non-Medtronic components with this system may result in damage to Medtronic components, loss of therapy, or patient injury. There is the possibility of an allergic or immune system response to the implanted materials. When possible, a physician is to identify and treat any infections prior to surgery. Infections at the implant site almost always require the surgical removal of the implanted system. The lead can become entangled with the bowel or perforate your stomach and cause life-threatening blockage or infections that require immediate medical attention and may require surgery. Patients should avoid activities that may put undue stress on the implanted system components (activities that include sudden, excessive, or repetitive bending, twisting, bouncing, or stretching that can cause component fracture or dislodgement). Adverse events related to the therapy, device, or procedure can include: infection, pain at the surgery site, device components may wear through the skin, bruising at the neurostimulator site, bleeding, loss of therapeutic effect, undesirable change in stimulation (described as a jolting, shocking, or burning sensation), gastrointestinal symptoms and gastrointestinal complications (in that the lead may perforate your stomach or device components may become entangled with or obstruct other internal organs, requiring surgery). The system could stop because of battery depletion or mechanical or electrical problems. Any of these situations may require additional surgery or cause your symptoms to return.

Humanitarian Device: Authorized by Federal law for use in the treatment of chronic intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology in patients aged 18 to 70 years. The effectiveness of this device for this use has not been demonstrated.

For further information, please contact Enterra Medical at info@enterramedical.com.
USA Rx only.

www.enterramedical.com

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