PoNS®
Portable Neuromodulation Stimulator

ORDER CHECKLIST

PoNS is indicated for adults 22+ as an adjunct to a supervised therapeutic exercise program, for the treatment of gait deficits due to mild-to-moderate Multiple Sclerosis (MS) or chronic stroke symptoms.

PoNS System includes:

Mouthpiece (A4594)

Controller (A4593)

When prescribing the PoNS System, please include the following:

- ☐ PoNS Prescription
  Digital submission of Bioness Form via QR code preferred
  See back for details if using your own prescription pad
- ☐ Physician Clinical Note Included
  Supporting medical necessity for PoNS therapy
  See back for details.
- ☐ Copy of Insurance Card (front and back)
- ☐ Physical Therapy Referral Placed & Clinic Noted (if known)
  See back for details
- ☐ PoNS Next Steps Card Provided to Patient
  Consent form needs to be completed by patient via QR code on card

Acquiring PoNS:

Customers may acquire PoNS through:

Insurance: Medicare, Medicaid, Private Insurance or the VA

Cash-Pay: Credit Card, FSA/HSA Eligible or Payment Plan via Care Credit

855.918.1582 | PonsInquiries@BionessMedical.com

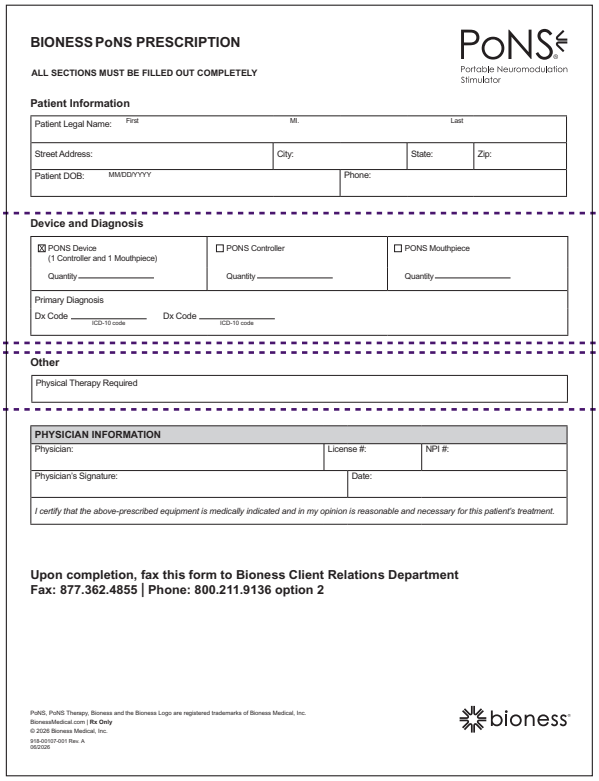
Using the Bioness Prescription Form:

New vs. Reorder: Check the Right Box

For new patients, be sure to check the first box 'PoNS Device (1 Controller + 1 Mouthpiece)'. The Controller-only and Mouthpiece-only boxes are for existing patients reordering a single component.

Noting the Patient's Therapy Clinic

- A physical therapy referral must be placed for every patient, whether or not a specific clinic has been chosen yet.
- If the patient's therapist or therapy clinic is already known, please send the referral to that clinic and write the clinic name and phone number in the "Physical Therapy Required" field on the PoNS Prescription (see highlighted area), so Bioness can coordinate with them directly.
- If the clinic isn't known yet, please provide the referral directly to the patient. No need to note anything further on the PoNS Prescription, you can leave the field blank or write "Unknown."



BIONESS PoNS PRESCRIPTION

PoNS® Portable Neuromodulation Stimulator

ALL SECTIONS MUST BE FILLED OUT COMPLETELY

Patient Information

Patient Legal Name: First	Mi.	Last	
Street Address:	City:	State:	Zip:
Patient DOB: MM/DD/YYYY	Phone:		

Device and Diagnosis

☒ PONS Device (1 Controller and 1 Mouthpiece) Quantity ____	☐ PONS Controller Quantity ____	☐ PONS Mouthpiece Quantity ____
Primary Diagnosis Dx Code ____ (ICD-10 code) Dx Code ____ (ICD-10 code)		

Other

Physical Therapy Required

PHYSICIAN INFORMATION		
Physician:	License #:	NPI #:
Physician's Signature:	Date:	
I certify that the above-prescribed equipment is medically indicated and in my opinion is reasonable and necessary for this patient's treatment.		

Upon completion, fax this form to Bioness Client Relations Department
Fax: 877.362.4855 | Phone: 800.211.9136 option 2

918-00107-001 Rev. A
05/2026

bioness®

Using Your Own Prescription Form:

If using your own prescription form, please ensure the following information is included:

- ☐ Patient name, address, and phone number
- ☐ Prescriber name, NPI number, and license number
- ☐ Prescription signed and dated by the prescriber.
  Please date on the same line as the signature
- ☐ Device prescribed: PoNS Controller and PoNS Mouthpiece
- ☐ Quantity prescribed

Clinical Note Requirements

A physician clinical note should document the patient's diagnosis, gait and/or balance deficits, functional limitations, and clinical rationale supporting PoNS Therapy, including the expected benefit to the patient's care plan.

Indication for Use: The PoNS device is indicated for use as a short term treatment of gait deficit due to mild to moderate symptoms from multiple sclerosis and is to be used as an adjunct to a supervised therapeutic exercise program for adults 22 years of age and over by prescription only. The PoNS device is indicated for use as a treatment of dynamic gait deficits due to chronic symptoms from stroke and is to be used as an adjunct to a supervised therapeutic exercise program in patients 22 years of age and over by prescription only.

The PoNS device delivers electrical stimulation directly to the surface of the tongue. Precautions for use are similar to those for wearable electrical stimulation medical devices. Electrical stimulation should not be used: if there is an active or suspected malignant tumor, in areas of recent bleeding or open wounds, and in areas that lack normal sensation. The PoNS has not been tested on, and thus should not be used by individuals who are pregnant. Do not use the PoNS if you are sensitive to nickel, gold or copper.

Full prescribing information can be found in product labeling or at https://bionessmedical.com/pons/safety-information/.

bioness®