

Device-Specific Needs

If you have received any surgical treatments, fill out this form and be sure to keep any device-specific information with this guide.

I have a DBS device.

Surgery & Device Details

Neurosurgery Center:

Center Phone:

Neurosurgeon:

Date of Surgery:

Product Name (IPG Model):

Manufacturer Name:

Manufacturer Phone:

Lead Location: Right Brain Left Brain

Battery Type: Rechargeable Non-rechargeable

Battery Location: Right Chest Left Chest Other

I use carbidopa/levodopa enteral suspension (Duopa).

Daily Dosage Schedule

Morning Dose Time:

Continuous Dose Time:

Extra Dose(s) Time: