



## REQUEST FOR INFORMATION on the "ACUFREE" medical device

**1** Download  
the form

**2** fill out  
the form

**3** Send to  
[segreteria@tinnitech.com](mailto:segreteria@tinnitech.com)

Name and surname \_\_\_\_\_

Date of birth \_\_\_\_\_

City \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone number \_\_\_\_\_

Order date \_\_\_\_\_

**By filling out this form you accept the following indications and declare:**

- the desire to deepen his knowledge of the ACUFREE medical device for the treatment of tinnitus;
- the availability to provide the necessary medical prescriptions to allow the doctors at Tinnitech Intl to evaluate the future alignment between your disorder and our treatment;
- awareness of the characteristics of this type of therapy and of the clinical results obtained and displayed on this website for educational and scientific purposes.

The Management

