



NRR G4 Neuro Rehab Recovery and FES Solutions Foot Drop Prescription

Patient Full Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Primary Diagnosis: (CVA) (MS) (CP) (TBI) iSCI Level: _____ iSCI Type: (Central) or (Anterior)

Other: _____

Primary ICD-10: _____ Other ICD-10(s): _____

Prescription:

XFT G4: external functional electrical stimulator to improve functional walking abilities for person with foot drop secondary to upper-motor neuron involvement

NRR G4 includes intergrated one size cuff and stainless steel electrodes

Physician Name: _____ NPI: _____

Address: _____ City: _____ State: _____

Telephone: _____ Fax: _____

Signature: _____, MD Date: _____