



NRR G4 Neuro Rehab Recovery and FES Solutions Foot Drop System

Patient Full Name: _____ DOB: _____

Address: _____

ZIP CODE: _____ City: _____ State: _____

Patient Email: _____ Patient Phone: _____

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

Other: _____

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

Prescription: The NRR XFT G4 external functional electrical stimulator can improve functional Walking abilities for a person with foot drop secondary to upper-motor neuron involvement. The

NRR XFT G4 includes integrated one size cuff and stainless steel electrodes.

Email to: customerservice@neurorehabrecovery.com or FAX to: 727-231-2789

Physician Name: _____ NPI: _____

Address: _____ City: _____ State: _____

Telephone: _____ Fax: _____

Signature: _____, MD Date: _____