



Pace XL 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): \_\_\_\_\_

**Patient Information:**

**Email:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Prescription:**

Pace XL external functional electrical stimulator — to improve functional walking abilities for person with gait dysfunction and general leg weakness.

The Pace XL includes the FES unit, the OML Linq wireless foot sensor and gel electrodes

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_, MD Date: \_\_\_\_\_