



NRR Pace XL FES Solutions Foot Drop Prescription

Patient Full Name: _____ DOB: _____

Address: _____ Email: _____

ZIP CODE: _____ City: _____ State: _____

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

Other: _____

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

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

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

Physician Name: _____ NPI: _____

Address: _____ City: _____

State: _____ Telephone: _____ Fax: _____

Signature: _____, MD Date: _____