Restorative THERAPIES
Your advocate for life.

iFES System Form

Please fax this form, prescription, LMN, and patient's face sheet to RTI at (410) 878-2466

RTILink Number ▸	___ ___ ___ ___ ___ ___ ___		
Patient Name ▸			
Model ▸	☐ RT300 Leg	☐ RT300 Leg & Arm	☐ RT300-Pediatric- Leg only
	☐ RT200-Stim Leg & Arm	☐ RT200-Stim Leg, No Stim Arm	☐ RT300 Supine
Channels ▸	☐ 6 channels of stimulation	☐ 12 channels of stimulation	
Pedals ▸	☐ Adult	☐ Pediatric - Attach photo of setup if possible. Foot plate ☐ 18cm ☐ 21.5cm ☐ 24cm	
Grips ▸	☐ Forearm Rests	☐ Standard (U shape)	
Crank Radius ▸	☐ Adjustable crank radius (for adjustable ROM) is required for arm therapy		

Electrodes ▸					
Anterior Tibialis	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	☐ 3x5" (2x3.5" if not specified)
Gastrocnemius	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	☐ 3x5" (2x3.5" if not specified)
Quadriceps	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	☐ 3x5" (3x4" if not specified)
Hamstrings	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(3x4" if not specified)
Gluteals	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x3.5" if not specified)
Abdominals	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x3.5"" if not specified)
Erector Spinae	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x3.5" if not specified)
Wrist flex/grasp	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x2" if not specified)
Wrist ext/rel	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x2" if not specified)
Biceps	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x2" if not specified)
Triceps	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x3.5" if not specified)
Deltoids	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x2" if not specified)
Shoulder	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x3.5" if not specified)
Scapula	☐ 1.25"	☐ 2x2"	☐ 2x3.5"	☐ 3x4"	(2x3.5" if not specified)
	Special electrodes:				

Accessories ▸	☐ Grip Gloves	☐ Fabrifoam Wraps	☐ Pulse Oximeter
Special instructions ▸ (photo attachments are recommended)			