

Please fax this form, Prescription, Letter of Medical Necessity, and Face sheet to RTI at (410) 878-2466

RTILink Number: _____

Patient Name: _____

Model ▶	<input type="checkbox"/> RT300 SL - Leg	<input type="checkbox"/> RT300 SLSA - Leg & Arm	<input type="checkbox"/> RT300 SLP - Pediatric Leg only
	<input type="checkbox"/> RT300 SLA - Stim Legs, Passive Arms	<input type="checkbox"/> RT300 LSA – Stim Arms, Passive Legs	
Stimulation▶	<input type="checkbox"/> 6 Channels		<input type="checkbox"/> 12 Channels
Pedals ▶	<input type="checkbox"/> Adult		<input type="checkbox"/> Pediatric - Attach photo of setup if possible. Foot plate <input type="checkbox"/> 18cm <input type="checkbox"/> 21.5cm <input type="checkbox"/> 24cm
Grips ▶	<input type="checkbox"/> UE Arm rests w/bar		<input type="checkbox"/> Standard (U shape)
Crank Radius ▶	<input type="checkbox"/> Adjustable crank radius (for adjustable ROM) may be required for some arm therapy applications		
Electrodes ▶	Anterior Tibialis <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" <input type="checkbox"/> 3x5" (2x3.5" if not specified) Gastrocnemius <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" <input type="checkbox"/> 3x5" (2x3.5" if not specified) Quadriceps <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" <input type="checkbox"/> 3x5" (3x4" if not specified) Hamstrings <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (3x4" if not specified) Gluteals <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x3.5" if not specified) Abdominals <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x3.5" if not specified) Erector Spinae <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x3.5" if not specified) Wrist flex/grasp <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x2" if not specified) Wrist ext./rel. <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x2" if not specified) Biceps <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x2" if not specified) Triceps <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x3.5" if not specified) Deltoids <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x2" if not specified) Shoulder <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x3.5" if not specified) Scapula <input type="checkbox"/> 1.25" <input type="checkbox"/> 2x2" <input type="checkbox"/> 2x3.5" <input type="checkbox"/> 3x4" (2x3.5" if not specified)		
	Special electrodes:		
Accessories ▶		<input type="checkbox"/> Fabri foam Wraps	

Special Instructions: