MyndTec

Therapy Prescription Form

Patient Information

Name : _____ Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

_____
City State ZIP Code

DOB: _____ Phone: _____ Email: _____
MM/DD/YY

Diagnosis:

Hemiplegia ☐ SCI ☐ TBI ☐ MS ☐ CP ☐ Other ☐ _____

This prescription is for MyndMove ☐ MyndStep ☐

MYNDMOVE is an electrical stimulation device indicated for: **Functional Electrical Stimulation (FES)** •Improvement of arm and hand functions and active range of motion in patients with hemiplegia due to stroke or upper limb paralysis due to C3-T1 spinal cord injury. **NeuroMuscular Electrical Stimulation (NMES)** •Maintenance and/or increase of arm and hand range of motion •Prevention and/or retardation of disuse atrophy •Increase in local blood circulation •Reduction of muscle spasm •Re-education of muscles.	MYNDSTEP is a **Functional Electrical Stimulation (FES)** system indicated for the treatment of **Foot Drop** secondary to an upper motor neuron (UMN) injury to include and not limited to Stroke, Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Multiple Sclerosis (MS), and Cerebral Palsy (CP). MyndStep is intended to provide ankle dorsiflexion in individuals who have a dropped foot due to upper motor neuron injury. The device electrically stimulates muscles in the affected leg to provide ankle dorsiflexion of the foot and/or knee flexion or extension; thus, it also may improve the individual's gait. MyndStep may also: **1) Prevent/slow disuse atrophy; 2) Maintain or increase joint range of motion; 3) Increase local blood flow.**

Note to Health Practitioners: Please consult the user guides for the contraindications and precautions before prescribing these devices.

Affected Area

Upper Limb **Lower Limb**

Left ☐ **Right** ☐ **Left** ☐ **Right** ☐

Health Practitioner Information

Full Name:		License No.	
Address:		Phone:	
		Fax:	
Certification:			
I certify that the device indicated above has been prescribed and considered adequate to treat the patient's condition.			
Signature:		Date:	

Please return the completed and signed form to customer.care@myndtec.com or Fax No. 1-877-796-4624.