URGENT PC (PTNS)

P	ATIENT NAME:	•	SURGEON:		DATE OF PROCEDURE:	
ti to	Risks and benefits of this procedure, and alternative risks - including obstruction - were discussed with the patient. The patient stated they understood and all questions were answered. The patient was asked to empty the bladder by voiding. The patient was taken into the treatment room and placed in the supine position.					
si e fi p T to 1 tr	A sterile lead set was opened and the patient's right left lower leg was exposed and sterilized using an alcohol swab. The electrode pad was placed on the instep of the foot. The needle electrode was placed three fingerbreadths cephalad to the medial malleolus and approximately one fingerbreadth posterior to the tibia at a 70 degree angle from the skin surface. The electrode clip was placed on the needle electrode. The Urgent PC device was turned on and the lead set was attached to it. A test run was done. After the test run was completed, the current was turned up in increments of 0.5 MA for each displayed setting of 1, until the flexion of the great toe was observed. The current was then reduced by one and the treatment process was continued for 30 minutes at a setting of Treatment # I explained to the patient that there could be slight irritation and soreness to the right lower leg for 24 to 48 hours.					
			SURGEON:		DATE OF PROCEDURE:	
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to 1	The Urgent PC device was turned on and the lead set was attached to it. A test run was done. After the test run was completed, the current was turned up in increments of 0.5 MA for each displayed setting of 1, until the flexion of the great toe was observed. The current was then reduced by one and the treatment process was continued for 30 minutes at a setting of Treatment #					
	explained to the page 48 hours.	atient that there co	uld be slight irrita	ation and so	oreness to the right lower leg for 24	
Patient verbalizes understanding of instructions given						
Provider	Signature:		Da	te:	Time:	
				Patie	ent Name:	

MM-17073 (4/21)

Date of Birth: