

ERGYS Cartridge Programming Form

PLEASE INCLUDE A SIGNED PHYSICIAN'S PRESCRIPTION SHEET WITH THIS FORM

Send completed forms to:

Therapeutic Alliances Inc.
333 N. Broad Street
Fairborn, Ohio 45324

Or fax to: (937) 879-5211

Use the Token
Parameter Form
for ERGYS
software versions
H.0 and higher

This form is not
needed for
centers with a
PEP Station

Prescription date

Patient name

Physician name

Days per week for ERGYS therapy (1-7)

Max session time (3 to 60 minutes)

Max run time (3 to 60 minutes)

Rest time (3 to 60 minutes)

Workload (in 1/8 Kp increments)

Complete for all
Cartridges

Max Stim settings (0 to 140 MA):

RQUAD

LQUAD

RGLUT

LGLUT

RHAMS

LHAMS

Complete for all ERGYS
systems with software
versions F.0 or higher

1:ERGYS1+/-450 2:SINE 300 3:SINE 400 4:SINE 500 5:CAMELBACK 500
6:SINE-50- 300 7:SINE-100- 350 8:SINE-100- 400 15:ERGYS1 450

Pulses per second (30, 40, 50, 60)

Allow ERGYS rider to change Waveshape & Max Stim Parameters: YES NO

Number of times this prescription to be programmed

(NOTE: Each cartridge can hold up to 4 prescriptions)

Number of cartridges (number of prescriptions divided by 4)

Complete for ERGYS 2
systems with software
versions G.0 or higher

Complete for all
Cartridges

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