

100 Professional Boulevard
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FAX: (386) 252-1005
www.ThomasPhysicalTherapy.com



PATIENT NAME: _____
DIAGNOSIS: _____
SPECIAL INSTRUCTIONS or PRECAUTIONS: _____

<input type="checkbox"/> Evaluate and Treat
<input type="checkbox"/> Balance Disorder _____ <input type="checkbox"/> Vertigo/Dizziness <input type="checkbox"/> Unsteady Gait
<input type="checkbox"/> Upper Extremity Rehabilitation _____ <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Hand/Wrist
<input type="checkbox"/> Lower extremity rehabilitation _____ <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Foot/Ankle
<input type="checkbox"/> Spinal Rehabilitation _____ <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar
<input type="checkbox"/> Temporomandibular Rehabilitation _____
<input type="checkbox"/> Postural Improvement Program/Core Strengthening _____
<input type="checkbox"/> Spinal Stabilization Program _____
<input type="checkbox"/> Post-Operative Rehabilitation: _____
<input type="checkbox"/> Post Breast Cancer Treatment (scar tissue/range of motion) _____
<input type="checkbox"/> Osteoporosis Rehabilitation _____
<input type="checkbox"/> Adhesions/Scar Tissue Treatment: _____
<input type="checkbox"/> Strengthening and Conditioning Program _____
<input type="checkbox"/> Functional Training/Body Mechanics Training _____
<input type="checkbox"/> _____

THIS PHYSICAL THERAPY TREATMENT IS MEDICALLY NECESSARY. This treatment is in accord with standard medical practice to be effective for this patient's condition. The treatment is of the complexity and sophistication that it must be performed by a physical therapist. Continuation of physical therapy will be determined based on the patient's progress and restoration potential.

DISCLAIMER: If the date below is left blank, we will consider the date we receive this prescription to be the date the patient was last seen.

Please Print Physician's Name

Physician's Signature

Date Last Seen by Physician

Date of Prescription