

DIRECT

PHYSICAL THERAPY, LLP



108 E. Hersey St., Suite 1
Ashland, OR 97520

Fax: 541-708-5652
Phone: 541-482-5525

Name: _____ Date: _____

Diagnosis/ICD-10: _____

Precautions: _____

Surgery/Onset Date: _____

Evaluate and Treat:

- Therapeutic Exercise
- Manual Therapy
- Gait/Balance Training
- Home Exercise Program
- Posture/Body Mechanics
- Neuromuscular Re-Ed

Modalities as needed:

- Electrotherapy
- Phonophoresis
- Iontophoresis
- Moist Heat/Ice
- Ultrasound
- Other: _____

Remarks: _____

Treatment Frequency: _____ Times/wk for: _____ wks.

I certify the above services are medically necessary:

Physician Signature: _____