

Lodi

PHYSICAL THERAPY

This is a universal physical therapy prescription form. You may go to the physical therapy clinic of your choice, although many insurance companies require that you must go to a participating provider. It is the patient's responsibility to follow their insurance companies guidelines.

PATIENT *Tiffany Anderson*

DATE *9/17/08*

DIAGNOSIS *LMT - (R)*

ACCOUNT # *DZ 168478*

BODY PART		TREATMENT	EXERCISE
<input type="checkbox"/> Cervical	<input checked="" type="checkbox"/> Knee	<input checked="" type="checkbox"/> Evaluate and Treatment	<input checked="" type="checkbox"/> Resistive
<input type="checkbox"/> Thoracic	<input type="checkbox"/> Ankle/Foot	<input checked="" type="checkbox"/> Modalities	<input checked="" type="checkbox"/> Active
<input type="checkbox"/> Lumbar	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Traction	<input type="checkbox"/> Passive
<input type="checkbox"/> Hip	<input type="checkbox"/> Elbow	<input checked="" type="checkbox"/> Exercise Program	<input type="checkbox"/> Abdominal Strengthening Exercises
	<input type="checkbox"/> Wrist/Hand	<input type="checkbox"/> Home Exercise Program	<input type="checkbox"/> Pelvic Stabilization Exercises
		<input type="checkbox"/> Back School	<input type="checkbox"/> Stretching Exercises
		<input type="checkbox"/> Gait Training	
		<input type="checkbox"/> _____	

FREQUENCY:

3X 2X 1X DAILY

Start P.T. 7 Days After 1st Epidural.

DURATION: _____ WEEKS

RECOMMENDATION/PRECAUTIONS:

No restrictions.

- Peter B. Salamon, M.D.
- Edward L. Cahill, M.D.
- Vincent C. Leung, M.D.
- George W. Westin, Jr., M.D.
- Gary T. Murata, M.D.
- Steven E. Eager, M.D.

- Roland H. Winter, M.D.
- Anh X. Le, M.D.
- Alan T. Kawaguchi, M.D.
- Gary M. Alegre, M.D.
- Vanessa D. Beeman, PA-C

Physician's Signature _____

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