

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 *10/30/08*

DIAGNOSIS *Lat. MT* ACCOUNT # _____

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 checked="" 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: *4* WEEKS

RECOMMENDATION/PRECAUTIONS:

PT

Ad restriction

- | | |
|--|--|
| <input type="checkbox"/> Peter B. Salamon, M.D. | <input type="checkbox"/> Roland H. Winter, M.D. |
| <input type="checkbox"/> Edward L. Cahill, M.D. | <input type="checkbox"/> Anh X. Le, M.D. |
| <input type="checkbox"/> Vincent C. Leung, M.D. | <input type="checkbox"/> Alan T. Kawaguchi, M.D. |
| <input type="checkbox"/> George W. Westin, Jr., M.D. | <input type="checkbox"/> Gary M. Alegre, M.D. |
| <input checked="" type="checkbox"/> Gary T. Murata, M.D. | <input type="checkbox"/> Vanessa D. Beeman, PA-C |
| <input type="checkbox"/> Steven E. Eager, M.D. | |

Physician's Signature _____

ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.