REHABILITY
prosthetics + orthotics + rehabilitation

11216 Spring Hill Drive, Spring Hill, Florida 34609
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PRESCRIPTION/TREATMENT PLAN

Name: _____ Phone: _____

DOB: _____ Physician: _____

Physician Phone: _____ Physician Fax: _____

Diagnosis/ICD Codes: _____ DOI/Onset: _____

Frequency & Duration: _____ Insurance: _____

Precautions/Weight-Bearing/Comments: _____

PHYSICALTHERAPY
Evaluate & Treat
Continuation of PT Services

OCCUPATIONALTHERAPY
Evaluate & Treat
Continuation of OT Services

PROCEDURES

	Therapeutic Exercise/Strengthening/Range of Motion
	Gait Training
	Manual Therapy
	Myofascial Release
	Neuro Re-Ed/Balance/Coordination/Proprioception
	Aquatic Therapy/Physical Therapy
	Prosthetic Training
	Orthotic(s) Fitting & Training
	Adaptive Equipment Training
	Activities of Daily Living (ADL) Training
	Low Vision
	Back School
	Home Exercise Program

MODALITIES

	Ultrasound
	Electrical Stimulation
	Paraffin
	Iontophoresis with

PHYSICIANS SIGNATURE_____
NPI NUMBER_____DATE_____