



41818 N. Venture Dr.
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Name: _____ Date: _____

Diagnosis: _____

Frequency: _____ Duration: _____

EVALUATE AND TREAT

- Custom Orthotics
- Functional Capacity Assessment
- Fit for Duty Test

PROGRAMS

- Aquatic Therapy
- Wellness Program
- Lumbar Stabilization
- Back Education
- Work Hardening
- Hand Rehabilitation
- Pain Management
- Arthritis Program
- Edema Control
- Home Exercise Program
- Sport Performance Training

PROCEDURES

- Therapeutic Exercise
- Flexibility/ROM
- Neuromuscular Re-ed.
- Manual Therapy
- Aquatic Exercise
- Gait Training
- Phono/Iontophoresis
- TENS
- Mechanical Traction
- Ultrasound
- Electric Stimulation
- Paraffin
- Contrast Baths
- Whirlpool
- Hot Pack
- Cold Pack
- Other _____

Special Instructions: _____

Physician Signature: _____ Date: _____

Physician's Name Printed: _____

By prescribing the above physical therapy, the attending physician has determined it to be medically necessary.