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Columbia, MD 21045



Office 410.964.9650
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PHYSICAL THERAPY PRESCRIPTION

Patient _____

Diagnosis _____

Evaluate and Treat as appropriate

Therapeutic Exercise

Range of Motion

Active Passive Active Assisted

Strengthening

Gait Training

Joint Mobilization

Therapeutic Massage

Home Exercise Program

Core Stabilization

Neuromuscular Re-education

Other: _____

Modalities:

Moist Hot Pack

Cold Pack

Electrical Stimulation

Ultrasound

Iontophoresis

Phonophoresis

Traction

Cervical Lumbar

Back Care Education Class

Frequency: _____ X/week Duration: _____ weeks

Precautions/Restrictions: _____

Additional Instructions: _____

I certify that the above ordered treatment is medically necessary for this patient.

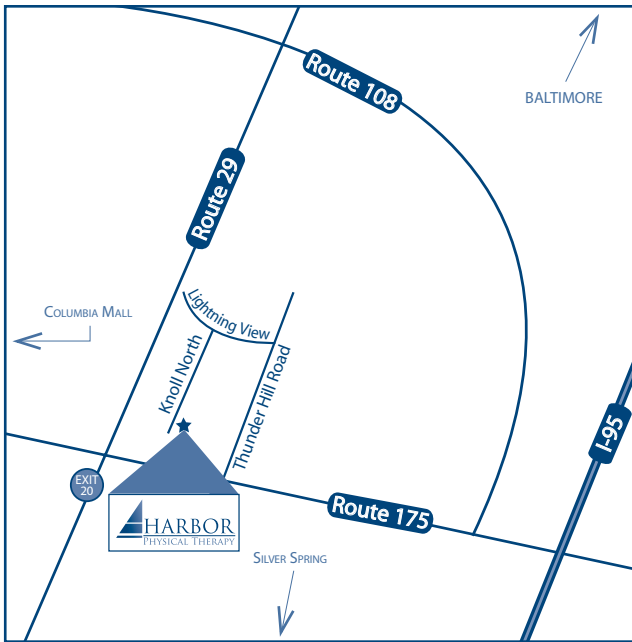
Physician's Signature:

Date

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



www.harborphysicaltherapy.net



Reminder

- :: Please bring this referral slip with you on your first visit.
- :: Please arrive at least 15 minutes before your scheduled appointment to complete paperwork.

What to bring

- :: Comfortable clothing for therapy evaluation.
- :: Appropriate insurance claim form.

Harbor Physical Therapy is featured on

PTandMe.com

***An informational site for patients interested
in or considering physical, occupational, and/or hand therapy.***
