



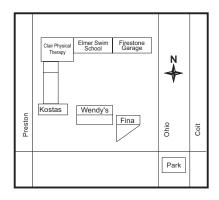
4621 W. Park Blvd, Suite 102 Plano, TX 75093 Office (972) 985-1776 Fax (972) 985-6088 www.clairpt.com 7548 Preston Road, Suite 145 Frisco, TX 75034 Office (972) 712-9693 Fax (972) 712-9625 www.friscopt.com

Patient Name:	D	OB:
Patient Phone Number:		
Diagnosis:		
Surgical Procedure:		
Precautions:		
□ EVALUATE AND TREAT		
Therapeutic Exercise	<u>Modalities</u>	Manual Therapy
☐ Home Exercise Program	☐ As Indicated	☐ Joint Mobilizations
□Strengthening	□ Cold/Heat	☐Myofascial Release
□ROM	□Ultrasound	☐McKenzie Program
□Flexibility	□ Electrical Stimulation	☐ Muscle Energy Techniques
☐ Neuromuscular Re-Education	□ lontophoresis	☐ Soft Tissue Mobilization
□Gait Training	□Phonophoresis	
□Functional Training	☐ Traction - Cervical/Lumbar	
□Post-Op Rehab	□ Cold Laser	
□ Work Conditioning		☐ Sport Specific Training
Special Instructions:		
Frequency:	Duration:	
Total Visits:		
I hereby certify the above services to be medically necessary.		
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.

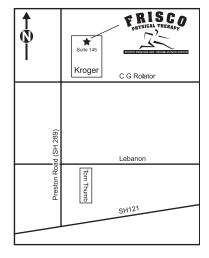


**Clair Physical Therapy** 4621 W. Park Blvd, Ste 102 Plano, TX 75093 **Office (972) 985.1776** Fax (972) 985.6088 *www.clairpt.com* 





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## **REMINDER:**

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete necessary paperwork.

Please wear/bring comfortable clothing for Therapist's evaluation.