

Prescription for therapy must be brought to your first appointment

PATIENT INFO

Name: _____ D.O.B: _____

Home Phone: _____ Work Phone: _____

DIAGNOSIS _____

Surgery: _____ Date: _____

REQUESTED SERVICES

Physical Therapy Occupational Therapy Speech-Language Pathology Outpatient Psychology

REQUESTED ACTION

Evaluate and Treat Continue Therapy

INSTRUCTIONS/PRECAUTIONS/GOALS

Frequency (times per week): _____ Duration (number of weeks): _____

PHYSICIAN'S SIGNATURE

Date: _____

Physician's Signature: _____

I certify that the above patient is under my care and that this prescription is medically necessary.

Office Phone Number: _____

REHAB APPOINTMENT (Please circle location on the reverse side)

Date: _____

Time: _____

SPECIALTY PROGRAMS

- Fibromyalgia Program
- Hand
 - Custom Splinting
- Headache Program
- Pain/PEAK Program
- Psychology
 - Biofeedback
- Return-to-Work
 - FCE
 - Home Safety Eval
 - Job-Site Analysis
 - Performance Eval
 - Work Hardening
- Spine - McKenzie
- Sport Psychology
- Video Swallow Study
- Women's Health
 - Biofeedback
 - Incontinence
 - Osteoporosis
 - Pelvic Pain

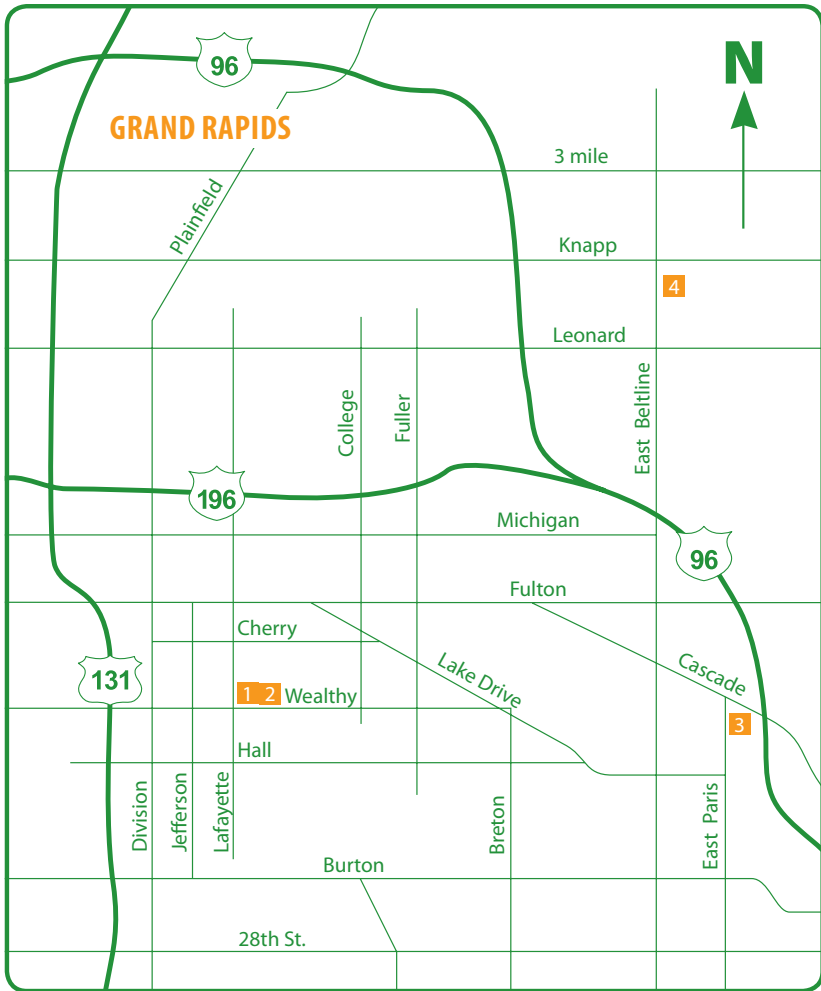
PROCEDURES

- ADL Training
- Dynamic Stabilization
- Gait Training
- Home Exercise
- Manual Therapy
- Pool/Aqua Therapy
- Posture & Body
 - Mechanics
- Range of Motion
- Strengthening

MODALITIES

- Electrical Stimulation
- Fluidotherapy
- Heat/Cold Pack
- Iontophoresis
- TENS &
 - Follow-Up Visit
- Traction
- Ultrasound

Please fax the prescription to the appropriate location on the reverse side.



1 Orthopaedic Rehabilitation Center

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 Grand Rapids, MI 49503
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 Fax: 616.233.3498
OrthoRehabCenter@MaryFreeBed.com

2 The Pain Center

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 Grand Rapids, MI 49503
 Ph: 616.233.3480
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3 East Paris Hand Therapy

1000 East Paris Ave SE, Suite 115A
 Grand Rapids, MI 49546
 Ph: 616.235.3962
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4 East Beltline Hand & Physical Therapy

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