

Physical Therapy Prescription



Universal
Physical Therapy, P. C.
Orthopedic, Industrial, Athletic, Geriatric
Physical Therapy Services

2565 S. Rochester Rd.
Rochester Hills, MI 48307
Phone: 248-844-2644
Fax: 248-844-2645

Patient Name _____

Dx _____

Precautions / Comments _____

Frequency of TX. 5X/Wk _____ 3X/Wk _____ 2X/Wk _____ For _____ Wk

– Evaluation & Treatment

Modalities

Heat

Cold

Paraffin

Whirlpool

– Manual Therapy

Joint Mobilization

Soft Tissue Release

Therapeutic Massage

Stretching

Manual Traction

– Therapeutic Exercises

Strengthening

ROM Exercises

Neuro-Re-Education

Balance Training

– Electrical Therapy

Phonophoresis

Iontophoresis

Tens

EMS

U. S.

– Mechanical Traction

Lumbar

Cervical

– Fitness Training

Gait Training

Functional Home Program

Fall Prevention Protocol

Back Program

Neck Program

I certify recertify that I have examined the patient and physical therapy is necessary and that services will be furnished while the patient is under my care and that the plan is established and will be reviewed every 30 days or more often, if the patient's condition requires. I estimate that these services will be needed for

Physician's Signature _____ Date _____

Fax the prescription to our office at 248-844-2645 with the patient's phone number. We will contact them and schedule an appointment, or them call us.

PATIENT PHONE NUMBER () _____