



**Mt. Orab**

108 Glover Dr., Mt. Orab, OH 45154

T 937.444.2933 F 937.444.2924

[www.sumpt.net](http://www.sumpt.net)

Patient's name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Precautions / contraindications \_\_\_\_\_

Frequency \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

## PHYSICAL THERAPY PRESCRIPTION

### EVALUATE & TREAT

- |  |   |
|--|---|
| <input type="checkbox"/> Strengthening / conditioning      | <input type="checkbox"/> Pre-operative evaluation                   |
| <input type="checkbox"/> ROM/ Stretching                   | <input type="checkbox"/> Crutch training                            |
| <input type="checkbox"/> Balance / Proprioceptive training | <input type="checkbox"/> Home exercise program                      |
| <input type="checkbox"/> Spine stabilization / rehab       | <input type="checkbox"/> Modalities PRN                             |
| <input type="checkbox"/> Posture / body mechanics training | <input type="checkbox"/> Iontophoresis with Dexamethasone<br>4mg/ml |
| <input type="checkbox"/> Work conditioning / simulation    |   |
| <input type="checkbox"/> Cervical traction                 |   |

Special instructions: \_\_\_\_\_

*I certify that I have examined the patient. The above stated treatment plan is necessary and will be provided while the patient is under my care.*

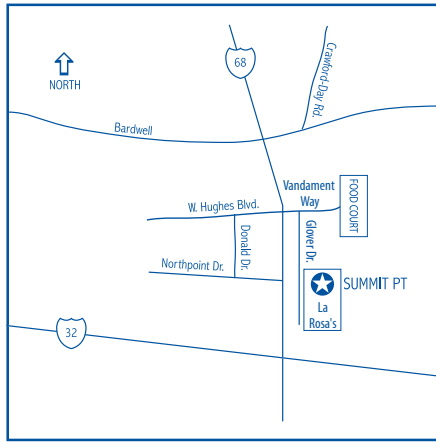
Physician signature \_\_\_\_\_

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 hard copy that may be faxed, mailed or hand delivered to the clinic.



**CONVENIENTLY LOCATED TO SERVE YOU BETTER**



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*Also featured on the [PTandMe.com](http://PTandMe.com) website!*

**JUST A REMINDER:**

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
- The evaluation (1st visit) usually lasts 1 hour.

**WHAT TO WEAR:**

- Please wear comfortable clothing.