

1417	ANAGE				•		
□ Rockwall 972-771-1090 972-771-6543 fa	972	□ Rowlett 972-475-5122 972-475-1299 fax		Mesquit 972-288-2 972-288-0	400	Forney 972-564-2227 972-564-2251 fax	
☐ Terrell 972-524-9100 972-524-9101 fa	903	iinlan 1-356-4100 1-356-4140 f		Garland 972-272-9 972-272-9	643	□ Farmer 972-784- 972-782-	6533
Go to WWV	v.rmpt.				ns & Oth	er Informat	ion
		maps & a	ddresses	on back			
Patient				Date			
Diagnosis							
Frequency: D	aily	3x/Wk	2x/	Wk 1	x/Wk	PRN	
Duration: 1	Wk	2 Wk	3 W	7k 4	4 Wk	6 Wk	
Special Instruction	s/Precautio	ons:					
Weight Bearing Sta	tus: TT	WB PW	/В	NWB	WBAT		
Use of Assistive De	evice (Brac	e, Sling, Bo	ot) Tin	ne Frame: _			
							
□Evaluate &	Treat						
Modalities				Exercise			
Spinal Decompression				Active Passive Isometric PRE			
Manual Therapy				Continue & Progress Treatment			
Aquatic Therapy (Rockwall, Rowlett)				Work Conditioning			
DOCTOR SIGNAT	TURE						
	<u>-</u>						

DOCTOR (PRINT NAME)_















