

Orders - June 15, 2023

PMS ID: Sex: DOB: Phone: MRN:
108205PAT000021260 Male 02/03/1966 (571) 436-0325 MM0000021037

PATIENT INFORMATION				GUARANTOR INFORMATION		
LAST NAME PHILLIPS		FIRST NAME JOEL	M.I. R	LAST NAME PHILLIPS		M.I. Richard
SSN	DATE OF BIRTH 02/03/1966	SEX Male	MRN MM0000021037	RELATIONSHIP TO PATIENT Self		
STREET ADDRESS 7114 WHITTLEBURY TRAIL				STREET ADDRESS 7114 WHITTLEBURY TRAIL		
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.		
CITY BRADENTON	STATE FL	ZIP CODE 34202	CITY BRADENTON	STATE FL	ZIP CODE 34202	
HOME PHONE	CELL PHONE 5714360325	EMPLOYER NAME	HOME PHONE	WORK PHONE		
PRIMARY BILLING / INSURANCE INFORMATION						
SUBSCRIBER NAME JOEL PHILLIPS		RELATIONSHIP Self	SUB. DOB	COMPANY NAME Tricare Select East Region	GRP/CONTRACT #	MEMBER ID # 482940297
STREET ADDRESS PO Box 7981				STREET ADDRESS CONTD.		
CITY Madison	STATE WI	ZIP CODE 537070000	EMPLOYER NAME			
DIAGNOSES						
Diagnosis	ICD Code	Description				
PT Rx - Shoulder Arthroplasty						
<p>Indication: Orders Protocol: evaluate and treat right shoulder arthroplasty per diagnosis/objective exam PREHAB. Other Approach/Restriction : PREHAB FOR reverse TSA Recommend frequency of 1 times per day for 1 days. - Therapeutic Exercises: All exercises prn per therapist, Home program exercises, Strengthening exercises, and Stabilization training. - Assist Device: Sling and abduction pillow at neutral. - Manual Therapy: All exercises prn per therapist. - Modalities: All modalities prn per therapist.</p> <p>Provider: Christopher Sforzo Perform at: Sforzo Dillingham Stewart Rehab Address: 5831 Bee Ridge Road Suite 300 Sarasota, FL 34233 Work: (941) 378-5100 ext 325 Fax: (941) 960-1962</p> <p>Priority: normal</p>						

Electronically Signed By: Christopher Sforzo, 06/15/2023 02:02 PM EDT