

4461 Beaverton Circle, Logaville, Ga 30052

To schedule an appointment, please call 678-548-0879

Therapy Prescription

Patient Name:					DOB	•	
Physician:			Follow up date:				
Diagnosis:							
Precautions:							
Order:	Physica	al Therapy		Occupational Therapy			
☐ Evaluate & Trea	nt [☐ Frequency	y/Duration: _				
☐ Home Safety Ev	valuation [☐ Home Equ	uipment/Mod	dification	Assessment ar	nd Training	
☐ Transfer Training		☐ Community Training ☐ Man			nual Therapy / Joint Mob.		
☐ Balance Training		☐ Orthotics Fit/Training ☐ Ma			ssage/Soft Tissue Work		
☐ Gait Training		☐ Self Care/Home Management			☐ Heat	/ Cold	
☐ Therapeutic Exercise		☐ Home Exercise Program		m	□ US/E	E. Stim	
☐ Cognitive Training		☐ Neuromuscular Re-educa		ucation	☐ lonto	phoresis	
Other:							
Goals:							
☐ Improve ROM	☐ Improv	e Strength	☐ Improve	Mobility	☐ Improve Fu	unction	
Other:							
Physician Signature					Date		
	,	. J					

Physician, please fax this referral slip to 678-819-7536. THANK YOU!

☐ Check if more referral pads are needed.