



PIEDMONT

Physical Therapy

8551 Rixlew Lane #340 • Manassas, Va. 20109

Office: 703.368.7343 • Fax: 703.368.0719

www.piedmontpt.com

Patient: _____

Diagnosis: _____

Special Considerations: _____

☐ EVALUATE AND TREAT

☐ Other: (please specify) _____

Specialty Rehab Programs / Procedures:

☐ Ultrasound

☐ Electrical Stimulation

☐ Traction

☐ Phonophoresis/Iontophoresis

☐ Dry Needling

☐ Athletic Taping

☐ Vestibular Rehab

☐ Office Ergo Assessment

☐ Lumbar Stabilization

☐ TENS Instruction

☐ Orthotics

☐ Other: _____

Treatment Frequency:

☐ Therapist Discretion ☐ _____

I certify that the prescribed rehabilitation is medically necessary

Physician's Signature

Date

