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**PATIENT NAME**\_\_\_\_\_

**Diagnosis Code:**\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's Orders:**

Evaluation and treatment of pain in areas or diagnosis:

\_\_\_\_\_

Using manual and myofascial techniques including:

- Dry needling of myofascial trigger points
- Internal / external pelvic floor work
- Myofascial stretching and corrective exercises
- Ergonomic, posture and self-care training

Other instructions or precautions:

\_\_\_\_\_

Physician Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number: \_\_\_\_\_

PHYSICIAN SIGNATURE\_\_\_\_\_