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THERAPY PRESCRIPTION

NAME: Kirby Johnston

DATE OF BIRTH: 02/14/1958 64 years y.o.

DATE: 12-20-2022

ACCOUNT NUMBER: 1161032

PHYSICAL THERAPY

DIAGNOSIS: PAIN IN LEFT SHOULDER

FREQUENCY: 3 x per week x 4 weeks

Evaluation & Treatment

Modalities as needed

Shoulder rehab: Evaluation & Treatment, Modalities: Hot Packs, Cold Packs, Ultrasound, Tens, Electrical Stimulus, Cuff/Scapula Kinetic Chain, Pendulums, HEP.

OTHER:

I CERTIFY THAT THE ABOVE IS MEDICALLY NECESSARY FOR THE FOLLOWING GOALS:
GOALS:

GAIT TRAINING:



Provider Signature: Adam D. Bernstein, M.D.

*****PLEASE SEND MOST RECENT DAILY NOTES/PROGRESS REPORT TO PHYSICIAN PRIOR TO PATIENT'S APPOINTMENT WITH THIS OFFICE *****