



**SEAVIEW  
ORTHOPAEDICS**

### **Prescription for Post-Operative Physical Therapy**

TO: D&H Management

ATTN: Kristin Wilkinson

FAX NO: 570-956-6338

CLAIM NUMBER: PJWC083550

RE: Hani Tawfik

ACCOUNT NO: 744639

Date of Injury: 4/7/23

SS#:

DIAGNOSIS: S83.241A

REQUESTING PHYSICIAN: Dr. Spagnuolo

PHYSICAL THERAPY ORDERS:

☒ PT Evaluate and Treat

Number of treatments per week - 3 Number of weeks - 2  
To be started one week after surgery

☐ OTHER:

Name: Christopher Spagnuolo, MD

Date: 5/4/23

Physician Signature

