

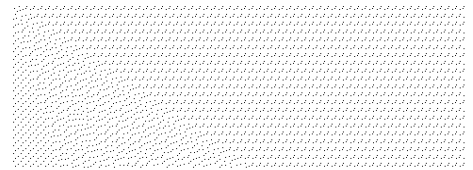
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**To:**

**From:**

**Subject:**    **Formal Therapy Script - Chen**

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## EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • PH (732) 494-6226 • FAX (732) 494-8762

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David M. Idank, D.O.

### Therapy Referral Form

#### Patient Information

Name: Ivette Rios

DOB : 8/25/1972

Chart No. 136895

Home Phone:

Work Phone: (732) 826-0183

Date: 2/28/2023

Weight: Weight 205lbs Sex: female

Mobile : (848) 207-8552

**Diagnosis:** S53.432A Radial collateral ligament sprain of left elbow, initial encounter, S53.442A Ulnar collateral ligament sprain of left elbow, initial encounter, M77.02 Medial epicondylitis, left elbow, M77.12 Lateral epicondylitis, left elbow

**Referring Physician:** Franklin Chen, M.D.

**Frequency:** ☐ Once a week ☐ Twice a week ☒ Three times a week ☐ One time evaluation ☐ 2-3 times a week

**Duration: WEEKS** ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6

☒ Evaluate and Treat ☐ Occupational Therapy ☒ Physical Therapy

☐ Continue Current Therapy Program

#### Special Instruction:

##### Goals

☐ Decrease Swelling

☒ Decrease Pain

☒ Teach Home Exercise

☒ Increase ROM

☐ Increase Strength

☐ Increase Stretch/Flexibility

☒ Improve Function

☐

☒ Modalities

☐ Flexor Tendon Repair Protocol

☐ Other

☒ ROM

☐ Extensor Tendon Repair Protocol

☒ Strengthening

☒ Home Exercise Program

I certify that the above ordered is medically necessary for the patient's diagnosis.



Franklin Chen, M.D.