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THERAPY PRESCRIPTION

NAME: *Jeanette Jordan Gaffney*

DATE OF BIRTH: **07/16/1973 49 years y.o.**

DATE: 01-30-2023

ACCOUNT NUMBER: 1192931

PHYSICAL THERAPY

DIAGNOSIS: Left s/p Left ankle arthroscopy with extensive 3 compartment synovectomy and open modified Brostrom procedure through a separate incision

FREQUENCY: 3 x per week x 4 weeks

Evaluation & Treatment

Modalities as needed

OTHER: modified brostrum protocol. Wbat in cam walker.

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

GAIT TRAINING:



Provider Signature: *Seth R. Queler, M.D.*

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