Carolina Orthopedic Rehab

110-B Chadwick Square Court
Hendersonville, NC 28739
(828) 698-4818 • Fax (828) 698-4819

NAME _____ PH.# _____

Dx (ICD-10) _____

PRECAUTIONS _____

COMMENTS _____

_____

☐ P.T. EVALUATE & TREAT

- ☐ Therapeutic Exercise
- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization
- ☐ Gait Training
- ☐ Balance / Vestibular
- ☐ Home Program
- ☐ Modalities
- ☐ Other _____

OBJECTIVES

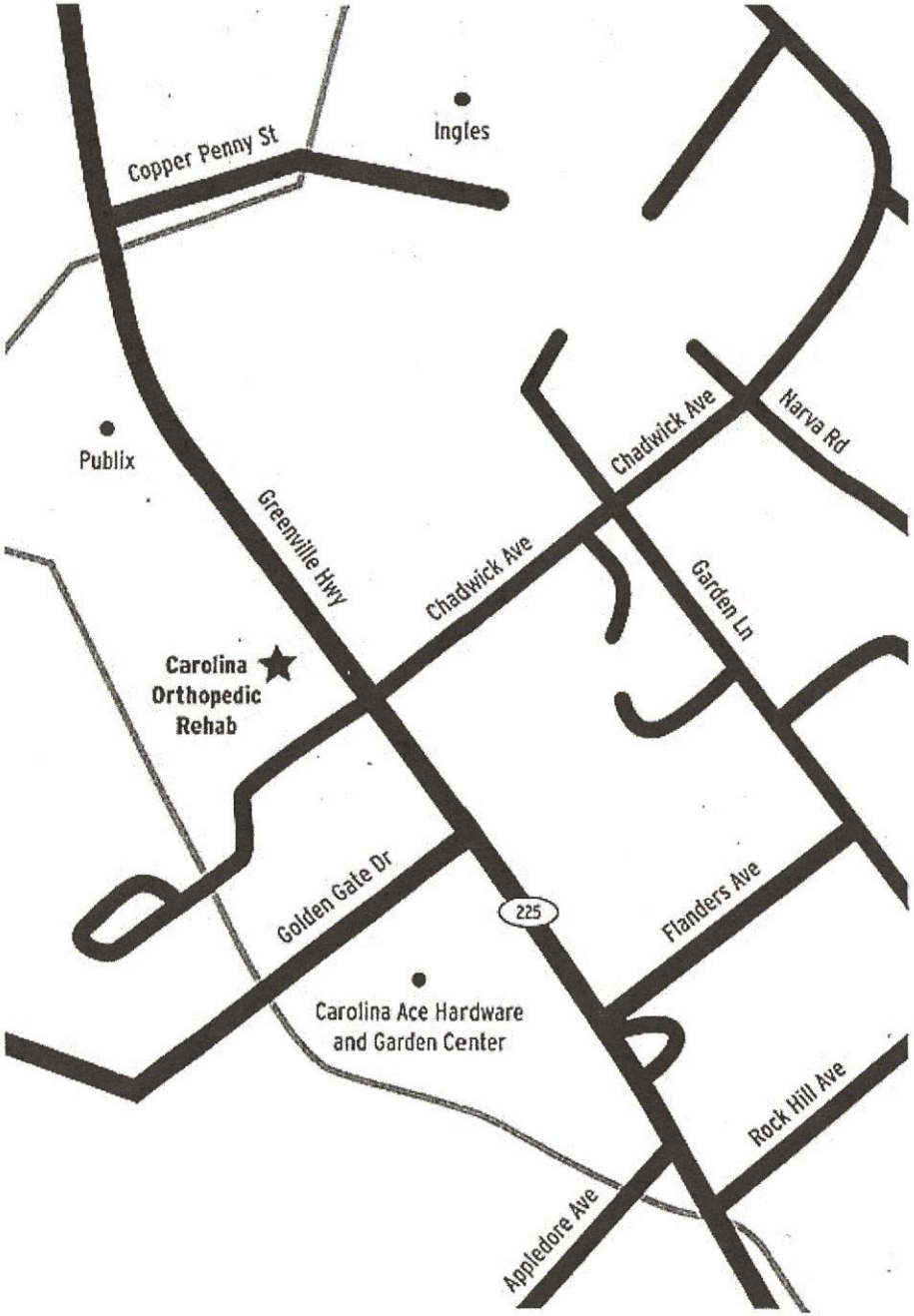
- ☐ Return to Work
- ☐ Return to Sport
- ☐ Improve Motion
- ☐ Improve Strength
- ☐ Improve Balance
- ☐ Improve Gait
- ☐ Relieve Pain
- ☐ Other _____

☐ Daily ☐ TIW
☐ BIW ☐ PRN

X _____ weeks

I certify that I have examined the patient and the above therapy is medically necessary.

Physician Signature _____ Date _____



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