



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**OUTPATIENT SERVICES**

- Physical therapy
- Occupational therapy
- Evaluate and treat
- Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORKER'S COMPENSATION**

- Physical/occupational therapy team evaluation and treatment
- Work hardening/conditioning
- Functional capacity evaluation
- Job demand analysis
- Ergonomic assessment
- Injury prevention training/safety education

**MODALITIES**

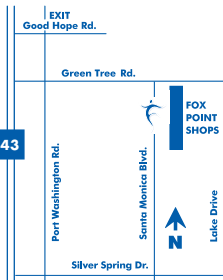
- Hot/cold packs
- Ultrasound
- Electrical stimulation/TENS
- Iontophoresis/Phonophoresis
- Cold laser
- Infrared heat

Frequency: \_\_\_\_\_

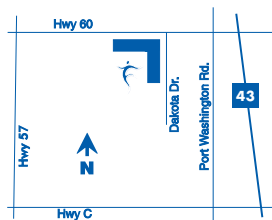
Physicians signature: \_\_\_\_\_

**OTHER SERVICES:** TMJ, Dry Needling, Vestibular Rehabilitation, Incontinence, Pelvic Pain, Massage, Pilates, Golf Fitness (Titleist Performance Institute), Custom Orthotic Therapy, Fall Prevention and Osteoporosis Program.

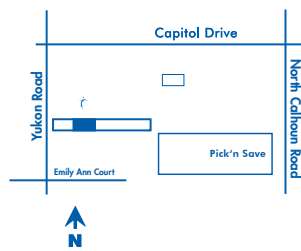
**4 CONVENIENT LOCATIONS**



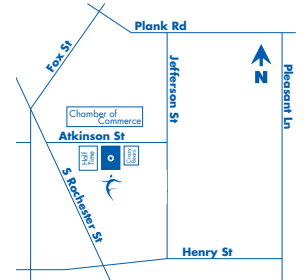
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