



**PHYSICAL THERAPY  
PRESCRIPTION**

(505)292-3317  
 Fax (505)292-3402  
 1334 Wyoming Blvd NE  
 Albuquerque, NM 87112

Patient Name \_\_\_\_\_ Payor \_\_\_\_\_

Referring Physician's Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Frequency \_\_\_\_\_ x/wk Duration \_\_\_\_\_ weeks Initial Date \_\_\_\_\_ Review Date \_\_\_\_\_

Narrative Orders \_\_\_\_\_

**Evaluate and Treat**

**SPECIALIZED SKILLS**

- Physical Therapy Evaluation
- Joint Mobilization/Manual Techniques
- Neuromuscular Re-education
- Exercise & Treatment Program Design
- Muscle Imbalance Stretching
- Unloaded Exercise Therapy
- Posture, Ergonomic training/education
- Myofascial/Trigger Point Rx
- ADL/Gait training
- Custom foot orthotics
- Prophylactic strapping/Kinesiotape
- Home exercise/treatment program
- Balance/Proprioceptive Re-training

**MODALITIES**

- Iontophoresis
- Electric Stimulation
- Moist Hot Pack
- Cryotherapy
- Cervical/Pelvic Traction
- Ultrasound/Phonophoresis
- Vasopneumatic Compression/Cooling
- Contrast Bath
- Massage/Soft Tissue Mobilization
- TENS or Home E-stim unit Set-up/Rental
- Home Traction Set-up/Rental
- Dynamic Splinting

**I hereby certify these services to be medically  
 necessary for the patient's plan of care.**

Physician's Signature \_\_\_\_\_

Telephone# \_\_\_\_\_

Date \_\_\_\_\_

