



204 Boots Drive Farmerville, LA 71241
Phone: (318) 620- 0075 Fax: (318) 620-0070

2601 Cypress Street West Monroe, LA 71291
Phone: (318) 582-5346 Fax: (318) 582-5348

Helping you learn to live beyond your current bounds.

Patient: _____

Diagnosis: _____

Precautions/Special Instructions: _____

EVALUATE & TREAT:

THERAPY: Physical/Occupational

DURATION: As needed Four Weeks Six Weeks Other _____

FREQUENCY: As needed 1-2 times/week 2-3 times/week 3-4 times/week

MODALITIES PRN

DRY NEEDLING

THERAPEUTIC EXERCISES
___ AROM ___ PROM ___ PRE

VESTIBULAR REHABILITATION

SPLINTING/CASTING

GAIT TRAINING

ORTHOTICS

BALANCE/PROPRIOCEPTION

CARDIOPULMONARY REHABILITATION

TRACTION

MANUAL THERAPY

- Wound Care
- Joint Mobilization
- Soft Tissue Mobilization
- Myofascial Release
- Scar Management

ORTHOPEDIC PROTOCOLS

COGNITIVE/MEMORY

NEUROMUSCULAR RE-EDUCATION

THERAPEUTIC ACTIVITIES

TAPING

POSTURAL INSTRUCTION/BODY MECHANICS

OTHER: _____

I hereby certify that the above services have been deemed medically necessary.

Physician's Signature: _____ Date: _____

Please FAX the referral to the correct clinic at the above fax numbers.
Thank you!

Physician's Fax number: _____