ACHIEVE
PHYSICAL THERAPY & PERFORMANCE
Achieve with the Steves!

PLANO
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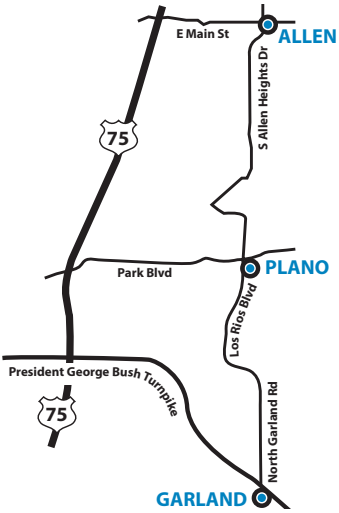
1206 E Main Street, Suite 102, Allen, TX 75002
Tel: 972-325-1390 Fax: 972-325-1391



www.achieve-therapy.net

Patient Name: _____ Phone: _____

Diagnosis: _____

Special Instructions/Precautions: _____

_____

☐ **EVALUATE AND TREAT** ☐ **PLEASE CALL PATIENT TO SCHEDULE**

1 2 3 4 5 Times/Week for _____ Weeks

TREATMENT PRESCRIPTION

- ☐ Strengthening
- ☐ ROM
- ☐ Manual Therapy
- ☐ Alter G Anti-Gravity Treadmill
- ☐ Graston Technique
- ☐ Gait Training
- ☐ Work Conditioning
- ☐ Vestibular Rehab

MODALITIES

- ☐ Moist Heat
- ☐ Ultrasound
- ☐ Cryotherapy
- ☐ Cold Laser/Phototherapy
- ☐ Electrical Stim (TENS, NMES, HVGS)
- ☐ Traction/Decompression
- ☐ Iontophoresis/Phonophoresis
- ☐ Dry Needling

TESTING

- ☐ FCE
- ☐ Other

I hereby certify that the above listed physical therapy modalities and procedures are medically necessary for treatment of this patient's diagnosis and condition.

Physician's Signature: _____ Date: _____

(Please attach patient demographics)

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy so that it may be faxed, mailed or hand delivered to the clinic.