

Patient: _____ Phone: _____

Diagnosis: _____

Precautions: _____

Physical Therapy Rx:

Diagnostics & Balance:

☐ Vestibular Testing: ENG & VAT, BPPV, and VERTIGO assessment

☐ Balance Therapy & Fall Prevention: evaluate and treat

Prosthetics & Orthotics:

☐ Prosthetic/Orthotic Rehab: functional training

Rehab:

☐ Gait/Balance Training

☐ Mobility Device Assessment

☐ FALL Prevention & Balance Therapy

☐ Orthopedic Rehab: area _____

☐ NEUROPATHY: laser treatment

☐ Neurological Rehabilitation: Parkinson's / stroke / MS

☐ Other (please specify): _____

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____



fax to: 800 489 6905

Three Locations to Serve you:

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Palm Desert CA
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• Kaiser Permanente & Select HMO's

physical therapy

• ORTHO • NEURO • BALANCE • GERIATRICS