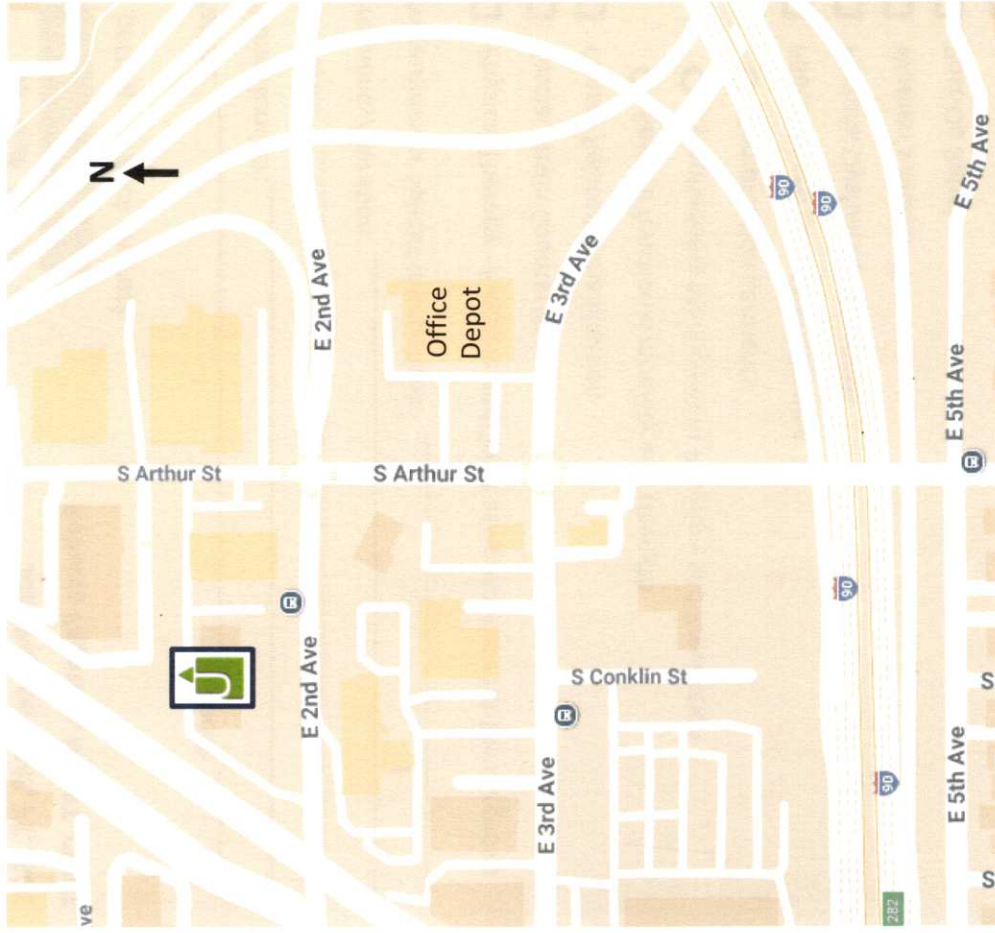




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Located in the Gateway 6 Building



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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Frequency/Duration: \_\_\_\_\_  
 Precautions or Special Instructions: \_\_\_\_\_

- Physical Therapy - Evaluate and Treat as appropriate for the diagnosis
- Fascial Strain Counterstrain
- Cancer Related Rehabilitation
- Restore functional mobility and strength
- Lymphedema Management Program and Prevention
- Compression garments
- Pilates-based Core Strengthening
- Postural Dysfunction/Scoliosis
- Women's Health PT
- Post-Op Rehab
- Arthritis and DJD
- Acute and Chronic Spinal Care
- Foot Dysfunction/Balance
- TMJ Dysfunction

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_