

11945 Lithopolis Rd, N.W. • CANAL WINCHESTER, OH 43110 • T: (614) 837-4381 • F: (614) 833-4266

1045 Beecher Crossing North, Ste C • GAHANNA, OH 43230 • T: (614) 775-9618 • F: (614) 775-9633

1914 Tamarack Road • NEWARK, OH 430550 • T: (740) 788-8100 • F: (740) 788-8240

Patient Name: _____ Phone: _____

Diagnosis: _____ ICD-9 Code: _____

Special Instructions: _____

- EVALUATE & TREAT** FREQUENCY: 2x/wk 3x/wk 4x/wk 5x/wk
 DURATION: 2 wks 3 wks 4 wks 5 wks 6 wks

THERAPEUTIC PROCEDURES

- Therapeutic Exercise
- Therapeutic Activities
- Neuromuscular Re-Ed
- ADL
- Gait Training
- Orthotics
- Myofascial Release/Soft Tissue Mobs
- Joint Mobilization
- Traction: Manual
- Massage

MODALITIES

- TENS
- Electrical Stim/NMES
- Traction: Mechanical
- Paraffin Bath
- Phonophoresis
- Iontophoresis
- Contrast Bath
- Ultrasound

SOCIAL SERVICES ASSESSMENT

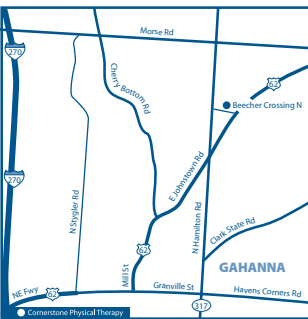
- Yes
- No

This prescription certifies that requested therapy is a medical necessity.

Physician Signature: _____

Date: _____

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 that may be faxed, mailed or hand delivered to the clinic.



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Newark, OH 43055

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Just a Reminder

Please bring this referral slip with you on your first visit. Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.