

To schedule an appointment, please call one of our locations directly.

IRVINE

14150 Culver Drive
Suite 103
Irvine, CA 92604
P. (949) 262-9142

RSM (RANCHO SANTA MARGARITA)

23121 Antonio Parkway
Suite 100
RSM, CA 92688
P. (949) 713-6445

DATE: _____ PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____ PATIENT PHONE: _____

Dx: _____ ICD-10: _____

SURGERY: _____ DATE OF Sx: _____

RX:

- | | | |
|---|---|---|
| <input type="checkbox"/> Manual Therapy (STM/MFR) | <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> Ultrasound/Phonophoresis |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Traction | <input type="checkbox"/> Ice/Heat Therapy |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> AROM/PROM | <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Home Exercise Program |
- Frequency 1X 2X 3X Duration: _____ or _____ visits

Special Instructions / Precautions: _____

Name Printed

Physician Signature

Date

