

# SHIFRIN PHYSICAL THERAPY P.C.

## Physical Therapy Prescription & Referral

1500 Palm Avenue Delray Beach, FL.

(800) 495-1234

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

**ICD-9 CODE:** \_\_\_\_\_ FREQUENCY \_\_\_\_\_ X per wk x \_\_\_\_\_ wks \_\_\_\_\_

— CONTINUE PRESENT RX PRECAUTIONS \_\_\_\_\_

— EVALUATION & TREATMENT \_\_\_\_\_

— EVALUATION ONLY \_\_\_\_\_

— MODALITIES \_\_\_\_\_

— HANDS ON \_\_\_\_\_ THERAPEUTIC EXERCISE \_\_\_\_\_

— HOT PACKS — SPINAL MOBILIZATION

— COLD PACKS — EXTREMITY MOBILIZATION

— US/PHONOPHORESIS — CRANIO MANDIBULAR

— TENS — MYOFACIAL RELEASE

— ELECTRICAL STIM — TRANSVERSE FRICTION MASSAGE/TFM

— CERVICAL TRACTION — TAPING/SPLINTING

— LUMBAR TRACTION — ORTHOTICS

— PASSIVE — ECCENTRIC

— ACTIVE — ISOKINETIC

— RESISTIVE — TRU-KINETICS

— FREE WEIGHTS

I CERTIFY THAT THE ABOVE IS MEDICALLY  
NECESSARY FOR THE FOLLOWING GOALS:

\_\_\_\_\_ GAIT TRAINING  
\_\_\_\_\_fwb \_\_\_\_\_pwb \_\_\_\_\_nwb

— IMPROVE ROM — IMPROVE MOBILITY — DECREASE EDEMA

— IMPROVE STRENGTH — IMPROVE GAIT — OTHER \_\_\_\_\_

— IMPROVE FUNCTION — DECREASE PAIN \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ UPIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_