



**Fyzical Centerville – Therapy and Balance Centers**  
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**Physical Therapy/Rehabilitation Form**

<i>Patient Name</i>		<i>Phone</i>	
<i>Referring Physician</i>		<i>Date</i>	
<i>Diagnosis/ICD Code</i>			

*Evaluate and Treat*

*Continue Current Program*

**General Orthopedics**

- Pre-Operative
- Post-Operative
- Ankle/Foot
- Knee
- Hip
- Shoulder
- Spine
- Other:

**Functional Rehabilitation**

- Strengthening
- Cardiovascular
- Gait/Balance
- Strengthening
- Cardiovascular
- Fall Prevention
- Osteoporosis
- ADL Training
- Flexibility/R.O.M
- Fibromyalgia
- Other:

**Pain Relief**

- Pain Relief
- Electrical Stimulation
- Other:

**Neurological Rehabilitation**

- Parkinson's Disease
- TIA or Stroke
- Other:

**Manual Therapy**

- Soft Tissue Mobilization
- Neuromuscular Massage
- Myofascial Release
- Joint Mobilization
- Temporomandibular Joint (TMJ)
- Other:

**Traction**

- Cervical
- Lumbar

**Special Instructions**

**Physician Signature:**

**Physician Phone Number:**

**\*\*I certify that this treatment is medically necessary and required for the above named patient.\*\***

