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RBR | Physical Therapy, LLC

revive. boost. rebuild.

1300 Corporation Parkway, Suite B • Raleigh, NC 27610

Patient Name:_____ **DOB:**_____

Patient Telephone No:_____ **Follow up date:** _____

Diagnosis:_____

Precautions/ Comments: _____

❑ Evaluate & Treat
❑ Modalities
- ❑ At therapist's discretion
- ❑ Hot / Cold packs
- ❑ Ultrasound
- ❑ Electrical Stimulation
- ❑ Paraffin
- ❑ Vasopneumatic Device
- ❑ Traction

❑ Therapeutic Exercise
- ❑ Range of Motion
- ❑ Strengthening
- ❑ Stretching

- ❑ Neuromuscular Re - Education
- ❑ Gait Training
- ❑ Massage
- ❑ Manual Therapy
- ❑ Kinetic / Therapeutic Activities
- ❑ Taping
- ❑ Body Mechanics
- ❑ Postural Instruction
- ❑ Home Exercises
- ❑ Work Conditioning
- ❑ Other

Frequency of Treatment:

Standard Treatment Plan -3 days a week ❑ 4 ❑ 6 ❑ 8 weeks

❑ Other frequency of treatment _____days a week

Physician's Notes: _____

_____

I hereby certify that Physical Therapy is medically necessary for this patient's plan of care.

_____ _____

Signature Date