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[illegible]

Diagnosis: _____

☐ Continue Current Rx

Balance Rehabilitation

- ☐ Balance Retraining Therapy
- ☐ Epley Maneuver (Manual)
- ☐ Neurological Gait Training
- ☐ NIR Infrared Treatment

Programs

- ☐ Balance Retraining
- ☐ Vestibular Therapy
- ☐ Headaches
- ☐ Osteoporosis
- ☐ Fibromyalgia
- ☐ S/P CVA
- ☐ Parkinsons
- ☐ Sports Specific
- ☐ Work Specific

Patient Education

- ☐ Home Exercise Program
- ☐ Fall Prevention
- ☐ ADL Training
- ☐ Other:

Duration: _____ Weeks / Months
circle one

Physician Signature: _____