



1337 E. State Highway 152, Suite 111 • Mustang, OK 73064

Tel: 405.745.4786 • Fax: 405.745.4837

www.soonerpt.com

Patient: _____ Date: _____

Diagnosis: _____

TREATMENT PROCEDURES

EVALUATE AND TREAT

THERAPEUTIC EXERCISE

- ROM
 - Active ROM
 - Active-Assistive
 - Passive
- Strength Training
- Aerobic Conditioning
- Dynamic Trunk Stabilization
- McKenzie Method
- Balance/Coordination

PATIENT EDUCATION

- Postural Awareness
- ADL Modification
- Ergonomic Advice
- Prophylactic Advice
- Preventive Advice

MODALITIES

- Electrical Stimulation
- Ultrasound

MANUAL THERAPY

- Joint Mobilization
- Soft Tissue Mobilization

Special Instructions/Precautions: _____

Frequency: _____ Duration: _____

Next Office Visit: _____

I hereby certify the above services have been deemed medically necessary.

Physician Signature: _____

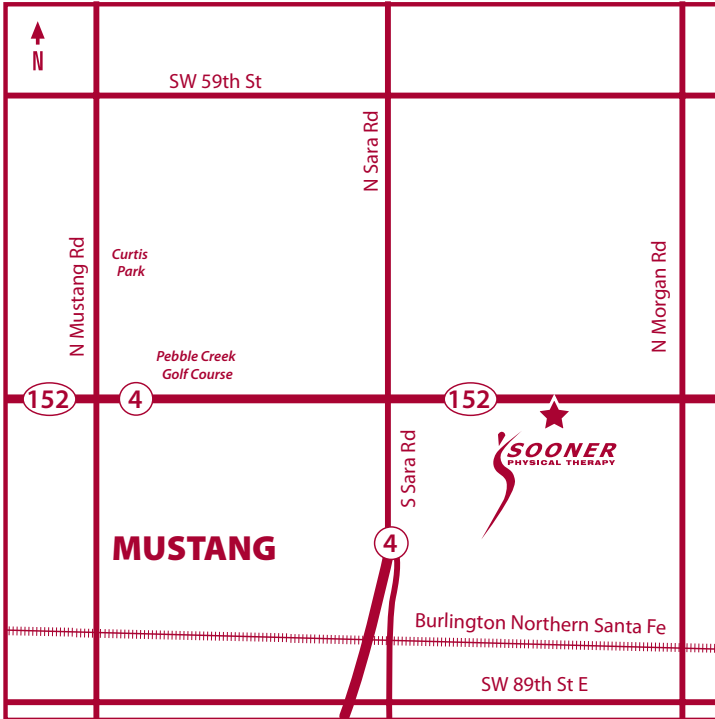
DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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JUST A REMINDER:

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.

Evaluations (1st visit) usually last 45 minutes to 1 hour.

WHAT TO WEAR:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

WHAT TO BRING:

Appropriate insurance claim form or PPO/HMO referral slip or workers' compensation employer information including claim number or no fault insurance information.