

# PT WORKS

experience effective physical therapy

Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD10 code \_\_\_\_\_

Date of Injury/Surgery \_\_\_\_\_

Insurance:     Industrial     Private     Auto     Medicare

Evaluate and Treat     Alter G     Lymphedema Management

Instructions & Precautions

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Frequency & Duration                       2x     1x \_\_\_\_\_ weeks

All of the above is medically necessary based upon history, physical examination, diagnostic tests, and clinical severity and requires medically supervised treatment.

**X** Doctors Signature \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_