

PT WORKS

experience effective physical therapy

Name _____ Date _____

Diagnosis _____ ICD9 code _____

Date of Injury/Surgery _____

Insurance: Industrial Private Auto Medicare

Evaluate and Treat

Instructions & Precautions

Frequency & Duration 3x 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 _____

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