

S P E R O R E H A B

Physical, Occupational & Speech Therapy

P 737.204.0089 F 737.204.0098 W sperorehab.com

4225 Guadalupe Street

Austin, TX 78751

Patient: _____

Diagnosis: _____

D.O.B. _____ Phone: _____

Precautions: _____

- Physical Therapy Eval & Treat
- Occupational Therapy Eval & Treat
- Speech Therapy Eval & Treat

SPECIALITY PROGRAMS:

- Wheelchair Evaluation
- Assistive Technology Evaluation/Training
- Community Gym- Independent Program
- LOKOMAT Robotic Gait Training ** please provide latest bone density results

Please circle below what patient is cleared to participate in:

** by checking LOKOMAT above or circling anything below you are stating that patient has appropriate bone density and no contra-indications to participating in Therapy or our Wellness Program

Standing/Weight Bearing LOKOMAT ZERO-G Functional E-Stim NMES

Physician Name: _____

Physician Signature: _____

Date: _____