

INSTRUCTIONS: 1) SAVE the blank form to your computer. 2) Open the saved form. 3) Type in your information.
4) SAVE the completed form and click Submit Form. 5) Send the email.



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3820 Colonial Blvd, Suite 201, Fort Myers, FL 33966

700 S Main St, LaBelle, FL 33935

Patient Name:

DOB:

Patient Phone:

ICD-10:

Diagnosis:

Physical Therapy Services Order

Evaluate and treat per physical therapist discretion

Pre/Post Op Rehab

Lumbar Stabilization

Core Strengthening

Cervical Stabilization/Proprioception

Posture

Headaches

Manual Therapy

Joint Mobilization

Soft Tissue Mobilization

Myofascial Release

Trigger Point Release

Muscle Energy Techniques

Therapeutic Exercise

Neuromuscular Re-ed

ROM: Active or Passive

Home Exercise Program

Functional Assessment

Gait Training

Balance Training

Therapeutic Activities

Chronic Pain Intervention

Pain Science Education

Pre/Post Cancer Program

Home Exercise Program

Kinesiotaping

Workers Compensation

Work Conditioning

Vestibular Rehab

Special Instructions or Precautions:

Frequency/wk: 2x 3x Duration/wks: 4wks 6wks Other

Physician Follow-up Date:

Phone:

Physician Name:

Date:

Physician Signature: