

SPORT & SPINE CLINIC OF**AUBURNDALE & MARSHFIELD**

PHYSICAL THERAPY & WORK REHABILITATION

AUBURNDALE

10524 George Ave, Suite 2
 PO Box 211
 Auburndale, WI 54412
 Tel 715.652.3470
 Fax 715.652.3473

MARSHFIELD

503 South Cherry Ave
 Suite 2
 Marshfield, WI 54449
 Tel 715.898.1812
 Fax 715.898.1815

Name: _____ Date: _____

Diagnosis: _____

Surgical Procedure: _____

TREATMENT PROCEDURES **EVALUATE & TREAT****MODALITIES**

- Cold/Heat
- Ultrasound
- Iontophoresis
- Electrical Stim/TENS
- Traction: Pelvic Cervical
- Soft Tissue Mobilization

SPECIALTY PROGRAMS

- ACL Protocol
- Headclear
- Work Conditioning
- Tenderpoints
- Pre-Op Program
- Shoulder Protocol

 Other: _____TREATMENT FREQUENCY: Daily 3x/Wk 2x/Wk 4x/Wk 1x/WkTREATMENT DURATION: 1 Wk 2 Wks 3 Wks 4 Wks _____ Therapist's Discretion

GOALS: Increase ROM Increase Strength Decrease Edema
 Increase Mobility Decrease Pain Other
 Increase Understanding Improve Function

ADDITIONAL COMMENTS: _____

I certify the above services are required by this patient on an outpatient basis.

Physician's Signature_____
UPin#

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.

SPORT & SPINE CLINIC OF



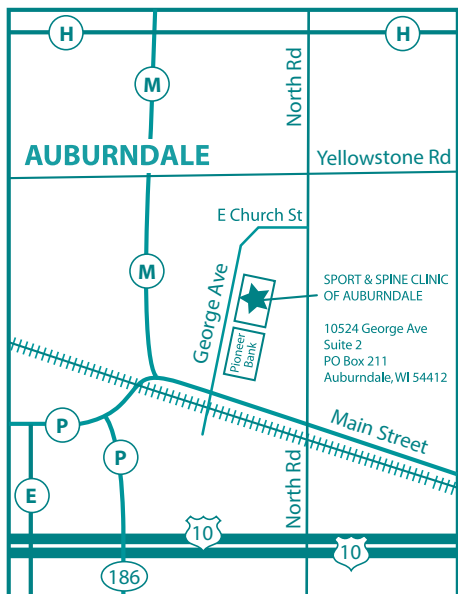
AUBURDALE & MARSHFIELD

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Merrie DeGrand, PT

www.auburndalesportspine.com

featured on PTandMe.com



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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 1 to 2 hours.

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 # or no fault insurance information.