



REDBUD

OCCUPATIONAL & PHYSICAL THERAPY

Lana Moore, MS, RPT
Clinic Director

916 SW 38th St., Suite C ♦ Lawton, OK 73505
Tel 580-353-1490 ♦ Fax 580-250-1651 • www.redbudotandpt.com

Patient _____ Date _____

Diagnosis _____

Precautions _____

Frequency: _____ per week Duration: _____ weeks

Evaluate and Treat

- | | |
|--|--|
| <input type="checkbox"/> Range of Motion
___ passive - gentle
___ passive - aggressive
___ AROM | <input type="checkbox"/> Postural & Body Mechanics Ed. |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Home Program |
| <input type="checkbox"/> Soft Tissue Mobilization/
Myofascial Release | <input type="checkbox"/> Hot/Ice Pack |
| <input type="checkbox"/> Neuromuscular Re-Ed | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Proprioceptive Neuromuscular
Facilitation | <input type="checkbox"/> Iontophoresis |
| <input type="checkbox"/> Scar Management | <input type="checkbox"/> Fluidotherapy |
| <input type="checkbox"/> Edema Reduction | <input type="checkbox"/> Paraffin Bath |
| <input type="checkbox"/> Gait/Balance Training | <input type="checkbox"/> Electrical Stimulation |
| <input type="checkbox"/> Functional Activities/ADLs | <input type="checkbox"/> Traction: Cervical/Lumbar |
| <input type="checkbox"/> Orthotics Training | |

Splints

- Static Dynamic

Special Instructions _____

*The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.*

Physician Signature _____ Date _____

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.



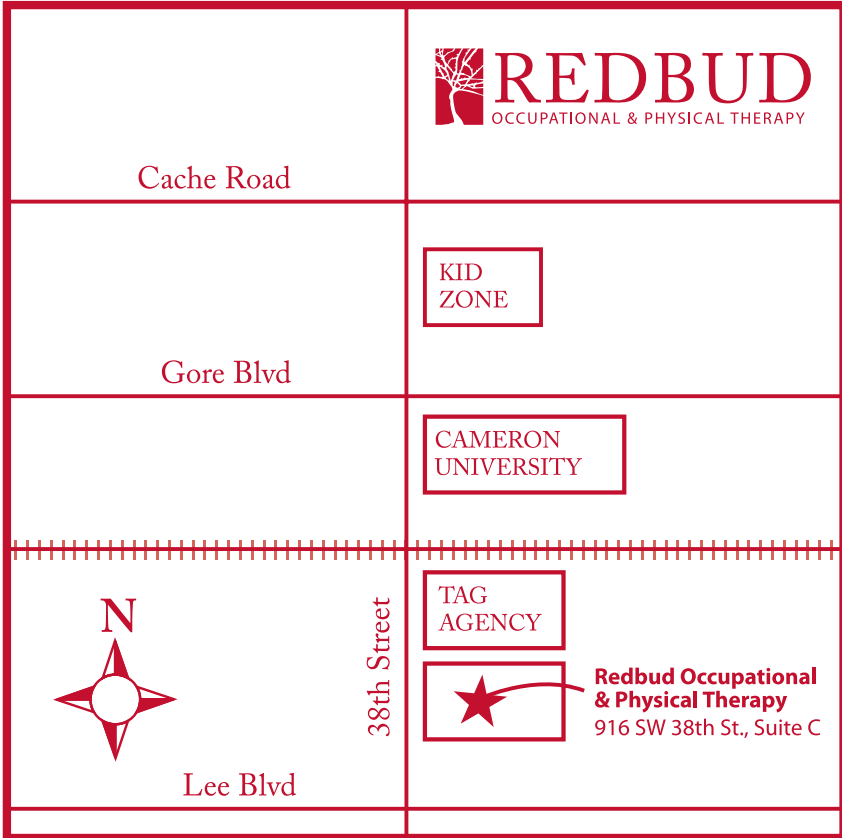
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Just a Reminder:

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your first scheduled appointment to complete the necessary paperwork.

What to Bring:

Please bring your insurance card and/ or your authorization referral slip.

Workers compensation employer information including claim number or no-fault automobile insurance information.

What to Wear:

Please wear comfortable clothing and sneakers.

Please bring shorts if we will be treating your leg(s).

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