

5120 Manzanita Ave, Suite 110 Carmichael, California 95608

	Order Date:							
Patient Name:	DOB:							
Diagnosis:								
Physical Therapy								
Evaluate and Treat	Frequency:	2x4	3x4	2x6	3x6	Other:		
Request Services								
Therapeutic Exercises	☐ Home Exercise Program							
Stretching	☐ Heat/Cold Pack							
Strengthening	Electrical Stimulation							
Increase ROM	Ultrasound							
Mobilization	☐ Gameready							
Myofascial Release	Lumbar/Cervical Traction							
Gait Training								
Other Comments/Precautio	ns:							

	()					
Referring Provider's Printed Name	Referring Provider's Phone					
	()					
Referring Provider's Signature	Referring Provider's Fax					
Referring Provider's Address						

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