


PHYSICAL THERAPY PRESCRIPTION



Physical Therapy & Wellness
8865 Stanford Blvd, Suite 114
Columbia, MD 21045
Phone: (410) 290-4480 Fax: (410) 290-4488
www.touchstonecolumbia.com

Patient Name: _____

Date: _____

Physician: _____

Diagnosis: 1. _____

Diagnosis: 2. _____

Frequency: _____/week

Duration: _____/weeks

MOST INSURANCES ACCEPTED: MEDICARE, BCBS, UHC, AETNA, CIGNA, COVENTRY, TRICARE, JOHNS HOPKINS EHP

SERVICES / MODALITIES REQUESTED
Please check all that apply

- ☐ Gait Training

☐ Whirlpool

☐ Chronic Pain Management

☐ Body Mechanics Training

☐ Home Exercise Program
- ☐ Manual Therapy

☐ Traction

☐ Ergonomic Education

☐ Neuromuscular Reeducation

☐ Joint Mobilization
- ☐ TENS

☐ Balance Training

☐ Electrical Stimulation

☐ Lumbar Stabilization
- ☐ Surgical Protocol

☐ Ultrasound

☐ Evaluate and Treat


☐ Therapeutic Exercise

Clinical Precautions/Contraindications:

Pertinent diagnostic testing results:

Physician’s Signature: _____ Date: _____

PHYSICAL THERAPY PRESCRIPTION



Physical Therapy & Wellness
8865 Stanford Blvd, Suite 114
Columbia, MD 21045
Phone: (410) 290-4480 Fax: (410) 290-4488
www.touchstonecolumbia.com

Patient Name: _____

Date: _____

Physician: _____

Diagnosis: 1. _____

Diagnosis: 2. _____

Frequency: _____/week

Duration: _____/weeks

MOST INSURANCES ACCEPTED: MEDICARE, BCBS, UHC, AETNA, CIGNA, COVENTRY, TRICARE, JOHNS HOPKINS EHP

SERVICES / MODALITIES REQUESTED
Please check all that apply

- ☐ Gait Training

☐ Whirlpool

☐ Chronic Pain Management

☐ Body Mechanics Training

☐ Home Exercise Program
- ☐ Manual Therapy

☐ Traction

☐ Ergonomic Education

☐ Neuromuscular Reeducation

☐ Joint Mobilization
- ☐ TENS

☐ Balance Training

☐ Electrical Stimulation

☐ Lumbar Stabilization
- ☐ Surgical Protocol

☐ Ultrasound

☐ Evaluate and Treat

☐ Therapeutic Exercise

Clinical Precautions/Contraindications:

Pertinent diagnostic testing results:

Physician’s Signature: _____ Date: _____