PHYSICAL THERAPY PRESCRIPTION

touchstone Physical Therapy & Wellness

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	Frequen
MOST INSURANCES A		, BCBS, UHC, AETNA, CI HOPKINS EHP	IGNA, COVENTRY, TRICARE,	MOST INS
		OALITIES REQUESTED eck all that apply		
☐ Gait Training	☐ Manual Therapy	□ TENS	☐ Surgical Protocol	☐ Gait T
□ Whirlpool	☐ Traction	☐ Balance Training	□ Ultrasound	□ Whirlp
□ Chronic Pain Management	☐ Ergonomic Education	☐ Electrical Stimulation	□ Evaluate and Treat	□ Chron Manag
☐ Body Mechanics Training	☐ Neuromuscular Reeducation	□ Lumbar Stabilization	☐ Therapeutic Exercise	□ Body I Trainii
☐ Home Exercise Program	□ Joint Mobilization			□ Home Progra
Clinical Precautions/C	Contraindications:			Clinical Pr
Pertinent diagnostic t	esting results:			Pertinent

Date: ____

Physician's Signature:

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