



Patient Name _____

Date _____

Diagnosis _____

ICD10 _____

Physical Therapy

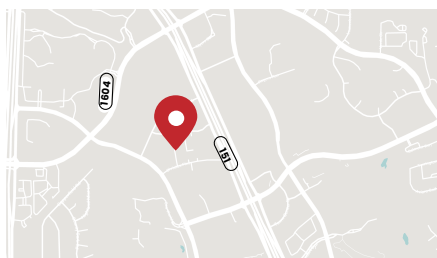
- | | | |
|---|--|---|
| ☐ Strengthening | ☐ Cardiovascular | ☐ Ultrasound |
| ☐ Flexibility | ☐ Body Mechanics | ☐ Moist Heat |
| ☐ Stabilization | ☐ Back to School | ☐ Manual Traction |
| ☐ Manual therapy | ☐ Postural Correction | ☐ Combination US/Esteeem |

Home Programs

- | | | |
|--|---|---|
| ☐ Home Exercise Program | ☐ Home Electrical Stimulator | ☐ Home Traction Unit |
|--|---|---|

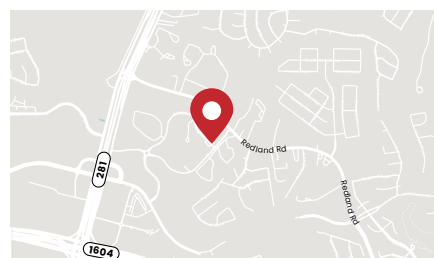
Physician Signature _____

Additional MD Protocol / Requests



Westover Hills

11212 Hwy 151, Plaza 1 #220
San Antonio, TX 78251



Redland/281

19026. Ridgewood Pkwy. #311
San Antonio, TX 78259