

Dallas Midtown Physical Therapy & Rehabilitation

Jason Winburne, PT, OCS, FAAOMPT

Date _____

Patient's Name _____

Referring Physician _____ Physician's Number _____

Diagnosis _____

Evaluate and Treat Continue Therapy

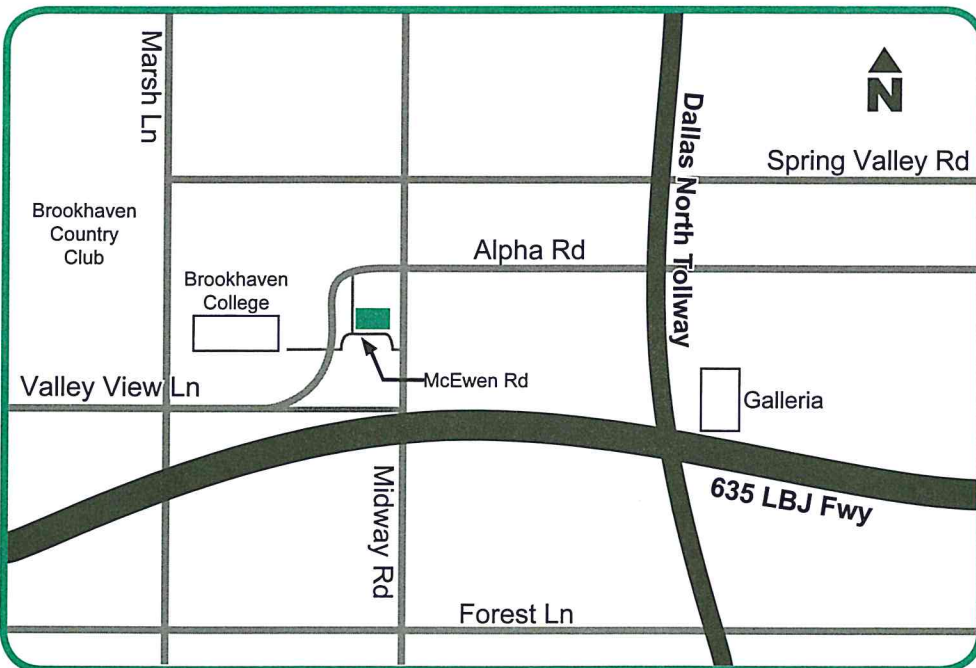
Frequency _____/wk Duration _____wks

Instructions/Precautions _____

Rehabilitation Services	Testing	Services
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- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Work Hardening | <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Sports Performance Training |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Work Conditioning | <input type="checkbox"/> Physical Performance / Disability Evaluation | <input type="checkbox"/> Balance/Gait Training |
| <input type="checkbox"/> Traction | <input type="checkbox"/> Sports Rehabilitation | <input type="checkbox"/> Wheelchair Assessment | <input type="checkbox"/> TENS / NMES |
| <input type="checkbox"/> Modalities | <input type="checkbox"/> Hand Rehabilitation | <input type="checkbox"/> Personal Fitness Training | |
| <input type="checkbox"/> Dry Needle | | | |

Physician's Signature _____ Next Appointment _____



Dallas Midtown Physical Therapy & Rehabilitation

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fx 972-701-0372

*Serving Northern Dallas, Southern Collin and Southern Denton Counties:
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