PHYSICAL THERAPY OF PROSPER
SPORTS MEDICINE AND REHABILITATION CENTER

Cozette Hanegan, PT, DPT
Clinic Director

241 N Preston Road, Suite B
Prosper, TX 75078
Office (214) 227-7224
Fax (214) 305-4077
www.ptofprosper.com

Patient Name: _____ **Date:** _____

Diagnosis: _____

Precautions: _____

Frequency: _____ **times per week for** _____ **weeks.**

EVALUATE & TREAT

Therapeutic Exercise
- Passive ROM
- Active ROM
- Active Assisted ROM
- Progressive Resistive Exercise
- Strengthening
- Stabilization Program
- Posture/Body Mechanics
- Gait Training
- Fall Risk Assessment
- Home Exercise Program

Manual Therapy
- Soft Tissue Mobilization
- Joint Mobilization
- Myofascial Mobilization

Neuromuscular Re-education
- Balance/Proprioceptive Training

Modalities
- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- Mechanical Traction
- Blood Flow Restriction Therapy

Sports Specific Training

Other _____

Post Operative Rehabilitation Protocol for _____

Date of Surgery _____

SPECIAL INSTRUCTIONS: _____

The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.

Physician's Signature: _____ **Date:** _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

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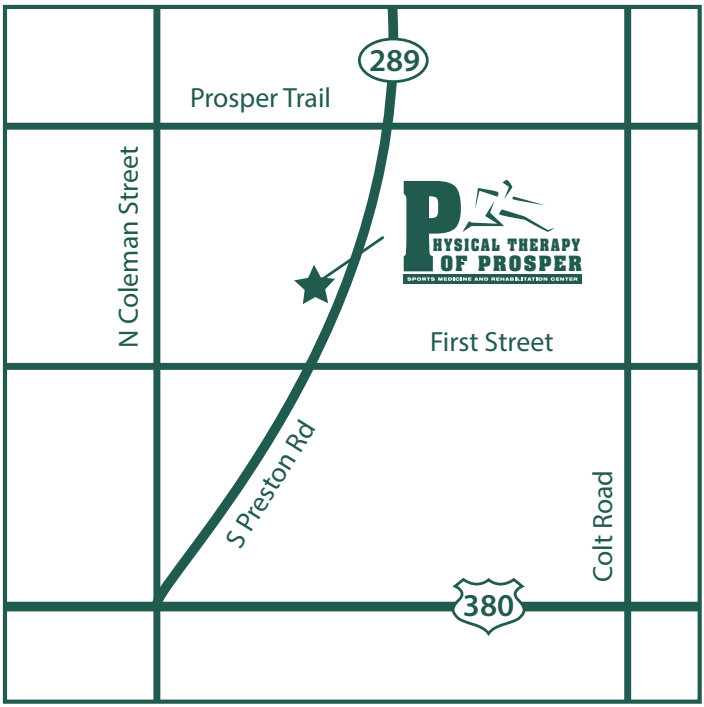

REMINDER:

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete necessary paperwork.

Please wear/bring comfortable clothing for Therapist's evaluation.