



Orthopedic & Sports Specialists

Mark Ball, MSPT Clinic Director Certified Kinesio Taping Practicioner®

1425 E. Main St., Suite 600 Fredericksburg, TX 78624

Tel. 830-391-8009 Fax 830-990-9088

Patient Name:		Date:	
Diagnosis:			
Precautions:			
Frequency:	per wee	ek 🗴 Duration:	weeks
	EVALUA	TE & TRE/	ΑT
 Therapeutic Exercise Passive ROM Active ROM Progressive Resistive Exercise Proprioceptive Stabilization Posture/Body Mechanics Gait Training Balance Training Manual Therapy Sports Specifi 		 ☐ Modalities ☐ Moist Heat ☐ Ice ☐ Ultrasound ☐ Phonophoresis ☐ Iontophoresis ☐ Electrical Stimu ☐ Paraffin 	
□ Home Exercises		ular Re-education	
Goals of Treatment Return To Work Restore Function Decrease Edema 		☐ Improve ROM ☐ Decrease Pain	Improve Gait
Special Instructions: .			
The above plan of care is established and will be reviewed every 30 days. I certify the medical necessity of therapy.			
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.



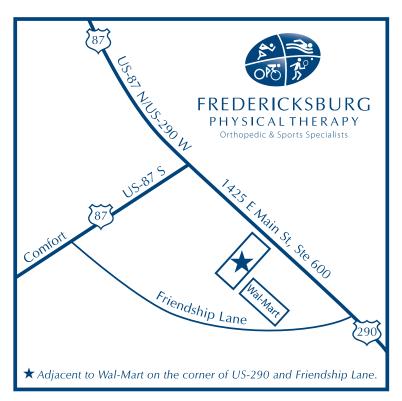
FREDERICKSBURG PHYSICAL THERAPY

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JUST A REMINDER:

Please bring this referral slip with you on your first visit. Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork. Evaluations (1st visit) usually last 1 to 2 hours.

WHAT TO WEAR:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

www.fredericksburgpt.com