

1927 S. Sixth Street • Brainerd, MN 56401 218.855.0806 • Fax 218.855.0737



Physician's Signature:

Place Patient ID Sticker Here

Date:

☐ Initial Certification	☐ Recertification		☐ Additions or Changes	
iagnosis:eatment Plan:		·	<u> </u>	
	Evaluate	e and Treat as Necessar	У	
<u>Modalities</u>		Exercises		Supplies
☐ As Needed		As Needed		Brace Fitting
∃ Biofeedback		Back Exercise		Lumbar Roll
☐ Electrical Stimulation/TENS/FES		Cervical Exercise		TENS/FES Rental
☐ Hot Packs/Cold Pack		Conditioning		Other
☐ lontophoresis		Gait Training		<u>Programs</u>
☐ Massage ☐ Mobilization		Knee Rehabilitation Posture		Back Education
☐ Mobilization☐ Traction ☐ Cervical ☐ Lumbar		Range of Motion		Body Mechanics
Ultrasound		Stretching		Pre-Employment Screening
Other		Strengthening		Work Hardening/Conditioning
		Other		Vestibular
equency and Duration of Treatment:				
Per Week X		_Weeks OR	_ Therapi	st Discretion
ecautions and Pertinent History:		C ₁ .		····

Personal Data