



PRIME

PHYSICAL THERAPY NETWORK
WWW.PRIMEPPTN.COM

CENTRALIZED SCHEDULING
WE AUTHORIZE, VERIFY, & SCHEDULE

PATIENT NAME		DOB	DATE
PATIENT PHONE		PATIENT CELL	PATIENT EMAIL
DATE OF INJURY	SURGERY DATE	DIAGNOSIS	FREQ / DURATION

PHYSICAL THERAPY
 ACUPUNCTURE
 OCCUPATIONAL THERAPY
 POOL THERAPY

TREATMENT PLAN

EVALUATE POST SURGICAL
 BACK PROGRAM WORK CONDITIONING
 SHOULDER PROGRAM HAND PROGRAM
 KNEE PROGRAM TRUNK STABILIZATION
 ANKLE PROGRAM

OCCUPATIONAL THERAPY TREATMENT PLAN

	RT	LEFT
SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>
ELBOW	<input type="checkbox"/>	<input type="checkbox"/>
FOREARM	<input type="checkbox"/>	<input type="checkbox"/>
WRIST	<input type="checkbox"/>	<input type="checkbox"/>
HAND	<input type="checkbox"/>	<input type="checkbox"/>
FINGERS	<input type="checkbox"/>	<input type="checkbox"/>

PROCEDURES

SOFT TISSUE MOBILIZATION
 THERAPEUTIC EXERCISES
 MAYO-FASCIAL RELEASE
 PROGRESSIVE HOME THERAPEUTIC EXERCISES
 NEUROMUSCULAR RE-EDUCATION
 BIO FEEDBACK

MODALITIES

ELECTRIC STIMULATION ULTRASOUND
 TRACTION INFRARED
 HOT/COLD PACK OTHERS

DOCTOR

DOCTOR PHONE #

SIGNATURE

ADDITIONAL RECOMMENDATIONS

NEXT M.D. APPOINTMENT

FAX OR EMAIL TO

SPEAK WITH A SCHEDULER (714) 738-1888
 FAX PATIENT INFORMATION & RX (714) 738-1889
 EMAIL PATIENT INFORMATION & RX SUPPORT@PRIMEPPTN.COM
 DOWNLOAD RX PAD AT WWW.PRIMEPPTN.COM

SE HABLA ESPAÑOL