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 Loveland, CO 80538
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Fort Collins Club
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 Ste 120
 Fort Collins, CO 80525
 (970) 568-8461 Phone
 (970) 460-0136 Fax

To:	From:
Fax:	Pages:
Phone:	Date:
Re:	CC:

Notes/Comments:

PHYSICAL THERAPY PRESCRIPTION

Name: _____ Date: _____

Diagnosis / ICD-9 _____

Comments / Precautions: _____

Evaluate and Treat as Appropriate

Services:

- | | |
|---|---|
| <input type="checkbox"/> Strength / ROM / Stretching | <input type="checkbox"/> Aquatic (Pool) Therapy (Fort Collins Only) |
| <input type="checkbox"/> Aerobic / Endurance Conditioning | <input type="checkbox"/> ADL / Safety / Assistive Device Training |
| <input type="checkbox"/> Therapeutic Activities | <input type="checkbox"/> Gait / Balance Training |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Home Exercise Program / Gym Program |
| <input type="checkbox"/> Neuromuscular Retraining | <input type="checkbox"/> Cardiopulmonary Therapy Program |
| <input type="checkbox"/> KinesioTaping | <input type="checkbox"/> Balance /Falls Program |
| <input type="checkbox"/> Ultrasound / NMES / TNS | <input type="checkbox"/> Weight Management Program |
| <input type="checkbox"/> Pilates Core Stabilization | <input type="checkbox"/> Diabetic Therapy Program |

Number of Visits: _____

In making this referral, physician certifies that prescribed rehabilitation is a medical necessity.

Physician Signature (required): _____

Print Name: _____

Thank you for this referral

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