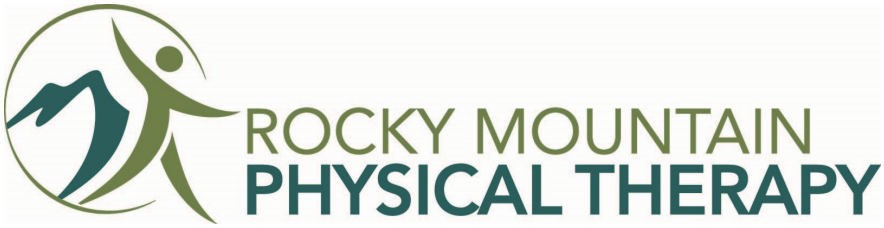


2121 E Harmony Road
Suite 310
Fort Collins, CO 80528
Phone: (970)672-8875

1307 E Prospect Road
Suite 120
Fort Collins, CO 80525
Phone: (970)568-8461

1159 Main Street A
Windsor, CO 80550
Phone: (970)460-0066

1605 Foxtrail Drive
Loveland, CO 80538
Phone: (970)460-0066

222 Johnstown Center Drive
Johnstown, CO 80534
Phone: (970)460-0066

**Fax: (970)460-0136**

| | |
|---|---|
| **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:**

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

☐ **Summit Back Brace**

Number of Visits: _____

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

Physician Signature (required): _____

Print Name: _____

**Please fax to (970)460-0136**