KIMBERLEE J. O'DONALD, P.T., P.C.
PHYSICAL REHABILITATION

1330 W. Washington
Greenville, MI 48838
(616) 754-7040
Fax: (616) 754-7888

PHYSICAL / OCCUPATIONAL THERAPY PRESCRIPTION

FAX THIS TO US & WE WILL SCHEDULE APPOINTMENT

( ) _____
PATIENT'S PHONE

_____
PRINT DR'S. NAME

NAME: _____

DIAGNOSIS: _____

BODY AREA TO BE TREATED: _____

PRECAUTIONS: ☐ NONE ☐ YES _____

ANTICIPATED GOALS / TREATMENT PLAN:

☐ ↑ **STRENGTH** (NEUROMUSCULAR RE-ED,EX)
☐ ↑ **R.O.M.** (STRETCHING & MOBILIZATION)
☐ ↑ **FUNCTION** (FUNCTIONAL ACTIVITIES, GAIT & BALANCE TRAINING,SPLINTING)
☐ ↑ **UNDERSTANDING** (H E P, BODY MECHANICS)
☐ ↑ **STABILITY** (SPINE, PELVIS, PROXIMAL FEMUR, SCAPULA)
☐ **PAIN / EDEMA / SCAR MANAGEMENT** (MODALITIES: US, ES, IONTO W/DEX, SOFT TISSUE MOBS, TRACTION, HEAT, COLD)

_____ EVALUATION AND TREATMENT

RECOMMENDATIONS FOR TREATMENT: _____

_____

_____

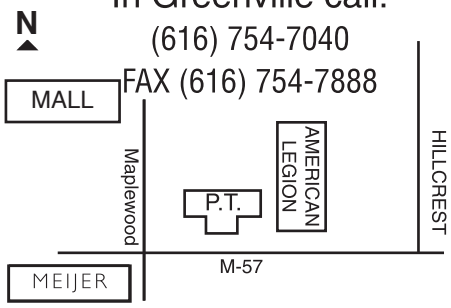
FREQUENCY OF TREATMENT: _____

DURATION OF TREATMENT: _____
(Treatment will be 1 month unless otherwise indicated)

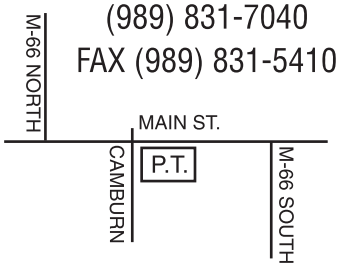
PHYSICIANS SIGNATURE: _____ DATE: _____

For an appointment

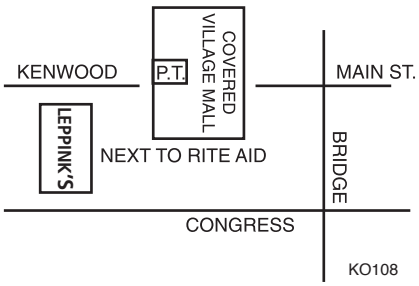
In Greenville call:
(616) 754-7040
FAX (616) 754-7888



In Stanton call:
(989) 831-7040
FAX (989) 831-5410



In Belding call:
(616) 794-7070
FAX (616) 794-7077



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