

## GET BACK IN THE GAME!

NAME \_\_\_\_\_  
DOB \_\_\_\_\_ PHONE \_\_\_\_\_  
DATE \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_  
DATE OF SURGERY \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_  
PATIENT RETURNS TO PHYSICIAN, DATE \_\_\_\_\_

### Physicians Orders

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#### EVALUATION

- Physical Therapy Evaluation
- Functional Capacity Evaluation
- Permanent Impairment Rating
- Job Site Evaluation
- DWC 25

#### GOALS

- ROM
- Pain
- Home Exercise Program
- Strength
- Coordination

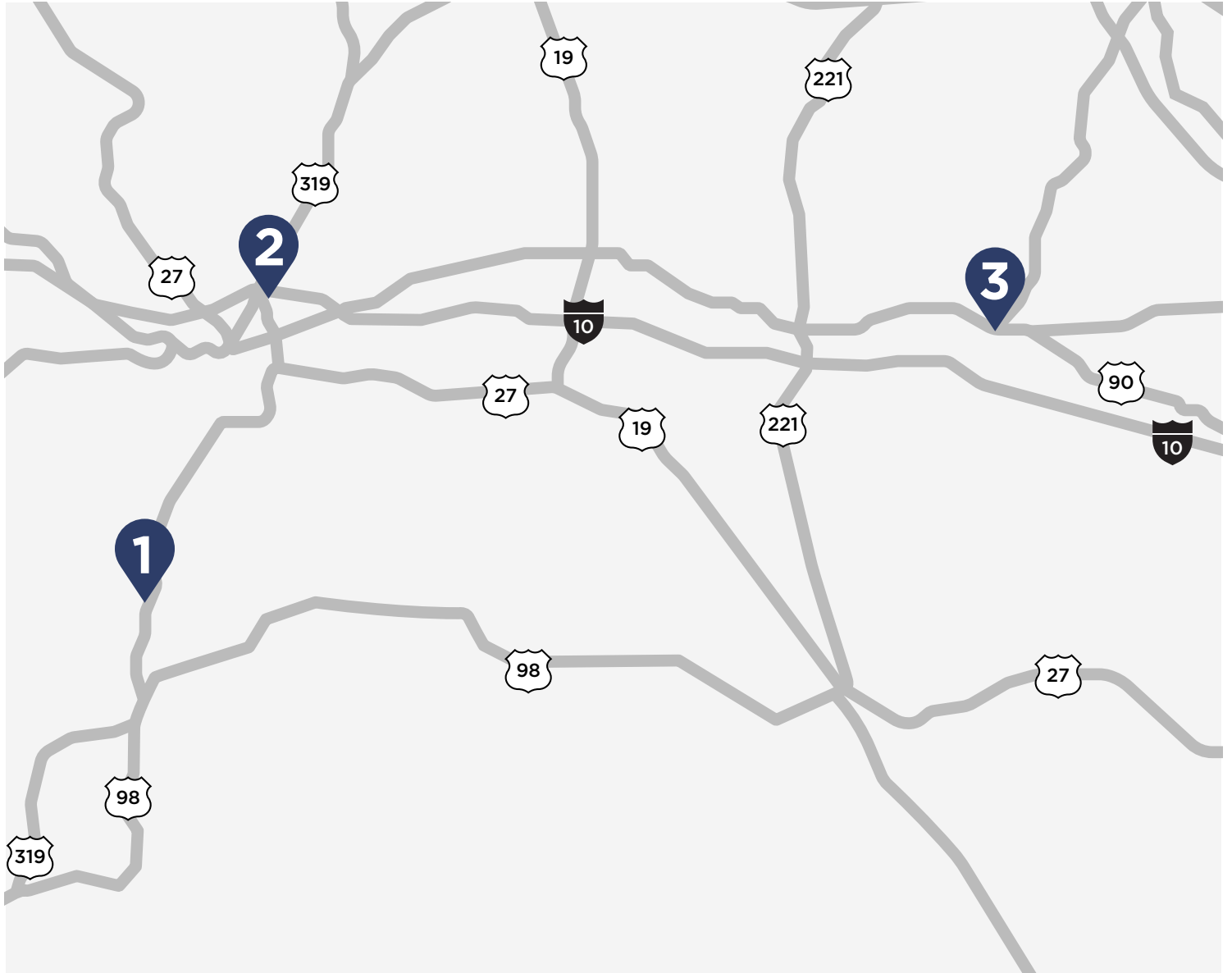
#### TREATMENTS

- Therapeutic Exercise
- Functional Exercise/Training
- ADL
- Modalities
- Functional Work Training
- Manual Therapy

\_\_\_\_\_  
Time / Weeks

\_\_\_\_\_  
Physician Signature / Print Name

*I certify the indicated treatment is medically necessary.*



## 1. CRAWFORDVILLE

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2887 Crawfordville Hwy  
Crawfordville, FL 32327

**Ph:** (850) 926-8555

**Fx:** (850) 926-2402

## 2. TALLAHASSEE

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1891 Capital Cir NE, Unit 2  
Tallahassee, FL 32308

**Ph:** (850) 877-8855

**Fx:** (850) 877-7627

## 3. MADISON

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456 W Base St  
Madison, FL 32340

**Ph:** (850) 973-3316

**Fx:** (850) 973-1261