Name

**Address** 

Gender

## MFR YOGA

DOB

Zip

## **OUTPATIENT PHYSICAL THERAPY PHYSICIAN'S ORDER**

Fax: 901-202-9088

Age

City/ State

PT to evaluate & treat, as indicated  Myofascial Release (MFR) treatment/ Manual Therapy  Therapeutic Exercise ( Strengthening, Flexibility, Range of Motion )  Neuromuscular Re-education ( Balance, Motor Control, Activities of Dail Gait Training  Women's / Men's Health for Pelvic Floor / Sacral / Coccygeal Pain & Resemble Home Exercise Program (HEP) / Patient Education  Continue PT  Discharge from PT (patient met goals / requiring surgery / transfer to an EREQUENCY per WEEK:	Phone		Status	Occupation	
Physician Physician's office #  MEDICAL DIAGNOSIS:  PT to evaluate & treat, as indicated  Myofascial Release (MFR) treatment/ Manual Therapy  Therapeutic Exercise ( Strengthening, Flexibility, Range of Motion )  Neuromuscular Re-education ( Balance, Motor Control, Activities of Dail Gait Training  Women's / Men's Health for Pelvic Floor / Sacral / Coccygeal Pain & Release ( Home Exercise Program (HEP) / Patient Education  Continue PT  Discharge from PT (patient met goals / requiring surgery / transfer to all FREQUENCY per WEEK:  DURATION: THERAPIST DISCREASE ( Strengthening Physician. Skilled Physical Therapy intervention this time. Plan of care has been reviewed & discussed with patient. Patient in agreement with the recores.	Insurance		Grp #	Email	
MEDICAL DIAGNOSIS:  PT to evaluate & treat, as indicated  Myofascial Release (MFR) treatment/ Manual Therapy  Therapeutic Exercise ( Strengthening, Flexibility, Range of Motion )  Neuromuscular Re-education ( Balance, Motor Control, Activities of Dail Gait Training  Women's / Men's Health for Pelvic Floor / Sacral / Coccygeal Pain & Release Program (HEP) / Patient Education  Continue PT  Discharge from PT (patient met goals / requiring surgery / transfer to an EFREQUENCY per WEEK:	Auth/Claim#		Private	WComp	MVA
MEDICAL DIAGNOSIS:  PT to evaluate & treat, as indicated  Myofascial Release (MFR) treatment/ Manual Therapy  Therapeutic Exercise ( Strengthening, Flexibility, Range of Motion )  Neuromuscular Re-education ( Balance, Motor Control, Activities of Dai  Gait Training  Women's / Men's Health for Pelvic Floor / Sacral / Coccygeal Pain & Rei  Home Exercise Program (HEP) / Patient Education  Continue PT  Discharge from PT (patient met goals / requiring surgery / transfer to an EFREQUENCY per WEEK:  DURATION: THERAPIST DISCRE	Physician			Physician's	
Myofascial Release (MFR) treatment/ Manual Therapy  Therapeutic Exercise ( Strengthening, Flexibility, Range of Motion )  Neuromuscular Re-education ( Balance, Motor Control, Activities of Dail Gait Training  Women's / Men's Health for Pelvic Floor / Sacral / Coccygeal Pain & Research Home Exercise Program (HEP) / Patient Education  Continue PT  Discharge from PT (patient met goals / requiring surgery / transfer to an Application of the program of the				office #	
this time. Plan of care has been reviewed & discussed with patient. Patient in agreement with the recore PHYSICIAN's SIGNATURE:  Date / Time:	MEDICAL DIAGN	PT to evaluate & t  Myofascial Releas  Therapeutic Exerci  Neuromuscular Re  Gait Training  Women's / Men's  Home Exercise Pro  Continue PT	reat, as indicated e (MFR) treatment/ Ma ise ( Strengthening, Flex e-education ( Balance, N s Health for Pelvic Floor ogram (HEP) / Patient B	cibility, Range of Motion)  Motor Control, Activities of I  / Sacral / Coccygeal Pain &  Education	Restrictions
·	FREQUENCY per WEEK:		_ DURATION:	THERAPIST DISC	CRETION:
·		•			•
PHYSICIAN's NAME:	PHYSICIAN'S SIGNATURE:			Date / Time:	
	PHYSICIAN's N	NAME:			

Grace D Vedala, PT, RYT (Lic.# 04188)

**PHYSICAL THERAPIST:** 

NPI: 1356573828

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