

MFR YOGA

OUTPATIENT PHYSICAL THERAPY PHYSICIAN'S ORDER

Name		DOB		Age		Gender	
Address		Zip		City/ State			
Phone		Status		Occupation			
Insurance		Grp #		Email			
Auth/Claim#		Private		WComp		MVA	
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 Daily Living)
- Gait Training
- Women's / Men's Health for Pelvic Floor / Sacral / Coccygeal Pain & Restrictions
- Home Exercise Program (HEP) / Patient Education
- Continue PT
- Discharge from PT (patient met goals / requiring surgery / transfer to another facility)

FREQUENCY per WEEK: _____ DURATION: _____ THERAPIST DISCRETION: _____

All clinical information has been reviewed by attending Physician. Skilled Physical Therapy intervention is medically necessary at this time. Plan of care has been reviewed & discussed with patient. Patient in agreement with the recommendation.

PHYSICIAN'S SIGNATURE: _____

Date / Time: _____

PHYSICIAN'S NAME: _____

PHYSICAL THERAPIST: _____

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

NPI: 1356573828

C: 901-336-4902

F:901-202-9088

Unique Potential Network, Inc / MFR YOGA

2075 N. Germantown Pkwy, Suite 108, Cordova TN 38016