



406 ROY MARTIN RD. SUITE 9
GRAY, TN 37615
423-477-1101
FAX 423-477-1102

110 EAST CENTER STREET
KINGSPORT, TN 37660
423-765-1611
FAX 423-765-1612

PATIENT: _____ DOB: _____

DIAGNOSIS: _____ ICD-10: _____

PROCEDURE: _____

PHYSICAL THERAPY PRESCRIPTION

- Eval and Treat
- Continue Plan of Care / Treatment
- Specific Rx:
 - Modalities as indicated
 - US with Medication (prescribed below)
 - E-Stim with Medication (prescribed below)
 - Tens Unit
 - 2 lead
 - 4 lead
 - Exercise
 - Passive
 - Active Assistive
 - Active
 - Resistive
 - Stabilization

FREQUENCY: _____ x week _____ weeks per therapist discretion

Comments / Precautions / Contraindications:

WELLNESS PRESCRIPTION

- General Fitness

Comments / Precautions / Contraindications:

Physician Signature

Date