



406 Roy Martin Rd  
Suite 9  
Gray, TN 37615  
423-477-1101 / Fax 423-477-1102

1732 North Eastman Rd  
Suite 1A  
Kingsport, TN 37664  
423-765-1611 / Fax 423-765-1612

## PHYSICAL THERAPY PRESCRIPTION

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9:** \_\_\_\_\_  
\_\_\_\_\_ **ICD-9:** \_\_\_\_\_  
\_\_\_\_\_ **ICD-9:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_  
\_\_\_\_\_

**Orders:**

- Eval and Treat
- Continue Plan of Care / Treatment
- Specific Rx: \_\_\_\_\_  
\_\_\_\_\_

- Additional 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:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**