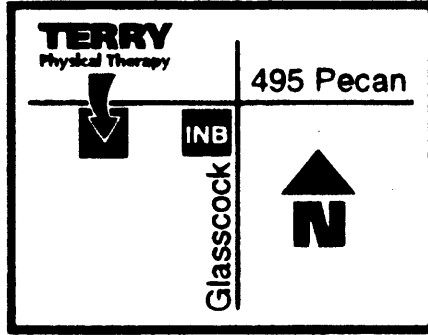


TERRY
Physical Therapy



- Workers Comp
- Personal Injury
- Private Insurance
- Medicare Accepted

ONUWA D. TERRY, P.T.
Texas Lic.# 1-10820-7

1918 E. Griffin Parkway • Mission, TX 78572 • Ph. (956) 583-2995 • Fax: (956) 583-3595

NAME: _____ DATE: _____

DIAGNOSIS: _____

Appointment: _____

Area to be treated: _____

PT EVALUATE AND TREAT

- | | |
|---|--|
| <input type="checkbox"/> MODALITIES PRN | <input type="checkbox"/> Phonophoresis with
2% Lidocaine Gel
2.5% Hydrocortisone Creme |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> T.E.N.S./NMES Unit Issue |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Iontophoresis |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Manual Mobilization |
| <input type="checkbox"/> Massage / Myofascial Release | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Traction | |

Comments/Precautions: _____

- | | |
|---|--|
| <input type="checkbox"/> Increase Range | <input type="checkbox"/> Relief of Pain |
| <input type="checkbox"/> Improve Functional Level | <input type="checkbox"/> Increase Strength |

Frequency: _____ X a Week Duration: _____ Weeks

I certify the Medical Necessity for Therapy

Physician's Signature