ReAction
PHYSICAL THERAPY

www.reactionphysicaltherapy.com

OWASSO LOCATION
10229 E. 96th St. North, Suite 102
Owasso, OK 74055
Tel 918-274-8541
Fax 918-274-8560

CLAREMORE LOCATION
1934 S. Highway 66, Building C
Claremore, OK 74019
Tel 918-283-2527
Fax 918-283-2569

Patient: _____

Diagnosis: _____

_____

Frequency/Duration _____ **Times Per Week X** _____ **Weeks**

☐ EVALUATE AND TREAT

- ☐ Therapeutic Exercise
- ☐ Home Program
- ☐ Gait Training
- ☐ Range of Motion
- ☐ Joint/Soft Tissue Mobilization
- ☐ Manual Therapy Techniques
- ☐ Back School/Body Mechanics
- ☐ Balance/Fall Prevention
- ☐ Durable Medical (Please Specify) _____
- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Hot Packs/Cold Packs
- ☐ Whirlpool
- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Traction
- ☐ Other _____

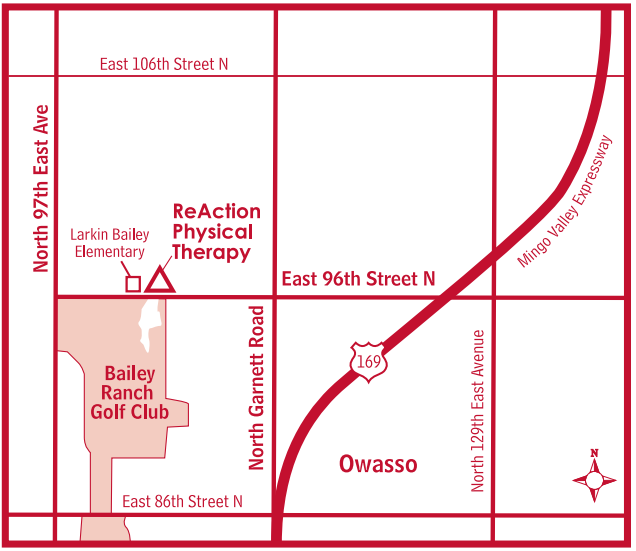
Medical Precautions: _____

_____

The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.

Physician's Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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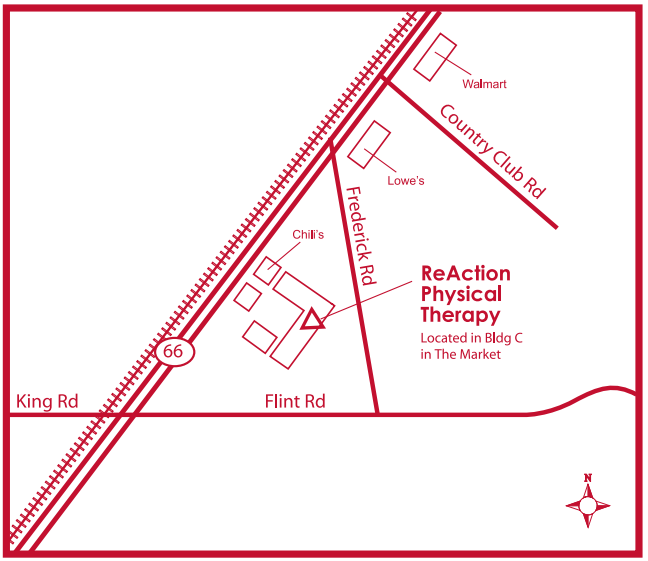

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