

☐ Cleveland Physical & Occupational Therapy Brad Perry, PT, MS, RRS, FAAOMPT, Partner Benjamin Riebl, PT, DPT, Clinic Director



☐ Grand Oaks Sports Medicine & Rehabilitation

Brad Perry, PT, MS, RRS, FAAOMPT, Partner Beth Riemersma, PT, DPT, FAAOMPT, SCS, ATC, LAT, Clinic Director



☐ Kingwood Occupational & Physical Therapy Offers Certified Hand Therapy Brad Perry, PT, MS, RRS, FAAOMPT, Partner



☐ Lake Conroe Sports Medicine & Rehabilitation

Jason Barranco, MPT, Partner Allison Rourke, PT, DPT, CSOMT, Clinic Director



☐ Lake Houston Physical Therapy Brad Perry, PT, MS, RRS, FAAOMPT, Partner Taylor Andrews, PT, DPT, Clinic Director



☐ Spring-Klein Physical Therapy Brad Perry, PT, MS, RRS, FAAOMPT, Partner Stephanie Kollister, PT, DPT, FAAOMPT, Clinic Director



☐ Star Therapy Services Brad Perry, PT, MS, RRS, FAAOMPT, Partner Nathan Ward PT, DPT, CSOMT, Clinic Director



☐ West Woodlands Physical Therapy Jason Barranco, MPT, Partner, Clinic Director

## Partners in Therapy\_

	SPORTS • S	PINE • HAND	
Patient's Name:			ate:
Patient's Phone	atient's Phone: Patient DOB:		
Dx:			
Treatment Sch	edule:		
Frequency:x/week		Duration (# of weeks):	
PHYSICAL <sup>*</sup>	THEDADY		
PHYSICAL	INERAPI		
	& TREAT		
Area Treated			
□ Cervical	□Thoracic	□Lumbar	□Hip
☐ Shoulder	□Leg	□Knee	☐ Ankle/Foot
Procedures		Modalities	
□ A/AAROM		□Ultrasound	
☐ Passive ROM		☐Traction	
☐ Soft Tissue Mobilization		$\square$ Iontophoresis/Phonophoresis, RX:	
☐ Joint Mobilization			
☐ Myofascial Release		$\square$ Electrical Stimulation: $\square$ TENS/ IFC rental	
☐ Gait Training		□ NMES rental	
☐ Strengthening		☐ Home Traction	
☐ Proprioceptive Training		☐ Home Program Only	
☐ McKenzie Interv		☐ Fall Risk Asse	ssment
☐ Spine Stabilizati	ion		
☐ Kinesio Taping			
☐ Dry Needling /			
Instructions			
mstractions.			
-			
☐ I certify therapy	is medically necessary.		
UPIN #:	Physic	ian Name:	

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.

Physician Signature: \_\_\_

www.partnersintherapy.net

## **Partners in Therapy**







**Grand Oaks Sports Medicine & Rehabilitation** 28533 Spring Trails Rdg., Suite 112, Spring, TX 77386 Phone: 281-301-5090 • Fax: 281-651-5259 www.grandoakspt.com

**Kingwood Occupational & Physical Therapy** 23780 US 59 North, Kingwood, TX 77339 Tel 281-358-1838 • Fax 281-358-1812 www.kingwoodotpt.com

**Lake Conroe Sports Medicine & Rehabilitation** 18001 Highway 105 West, Suite 106

Montgomery, TX 77356 Tel 936-582-2464 • Fax 936-582-4697 www.lakeconroeptandsports.com

**Lake Houston Physical Therapy** (W. Lake Houston Parkway & 1960) 7840 FM 1960 East, Suite 408 & 409, Humble, TX 77346 Tel 281-812-6665 • Fax 281-812-6869 www.lakehoustonpt.com

- / Spring-Klein Physical Therapy 21301 Kuykendahl, Suite B, Spring, TX 77379 Tel 281-379-2102 • Fax 281-379-1760 www.springkleinpt.com
- **Star Therapy Services Lakewood** 13215 Grant Road, Suite 900 Tel 832-220-9211 • Fax 832-610-2354 www.starhoustonphysicaltherapy.com
  - **West Woodlands Physical Therapy** 6318 FM 1488, Suite 150, Magnolia, TX 77354 Tel 936-273-0808 • Fax 936-273-0860 www.westwoodlandspt.com



















CLEVELAND
PHYSICAL + OCCUPATIONAL THERAPY















