



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 • SPINE • HAND

Patient's Name: _____ Date: _____

Patient's Phone: _____ Patient DOB: _____

Dx: _____

Precautions: _____

Treatment Schedule:

Frequency: _____ x/week Duration (# of weeks): _____

PHYSICAL THERAPY

EVALUATE & TREAT

Area Treated

- | | | | |
|-----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Thoracic | <input type="checkbox"/> Lumbar | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Leg | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle/Foot |

Procedures

- A/AAROM
- Passive ROM
- Soft Tissue Mobilization
- Joint Mobilization
- Myofascial Release
- Gait Training
- Strengthening
- Proprioceptive Training
- McKenzie Intervention
- Spine Stabilization
- Kinesio Taping
- Dry Needling /

Modalities

- Ultrasound
- Traction
- Iontophoresis/Phonophoresis, RX:

- Electrical Stimulation: TENS/ IFC rental
- NMES rental
- Home Traction
- Home Program Only**
- Fall Risk Assessment**

Instructions: _____

I certify therapy is medically necessary.

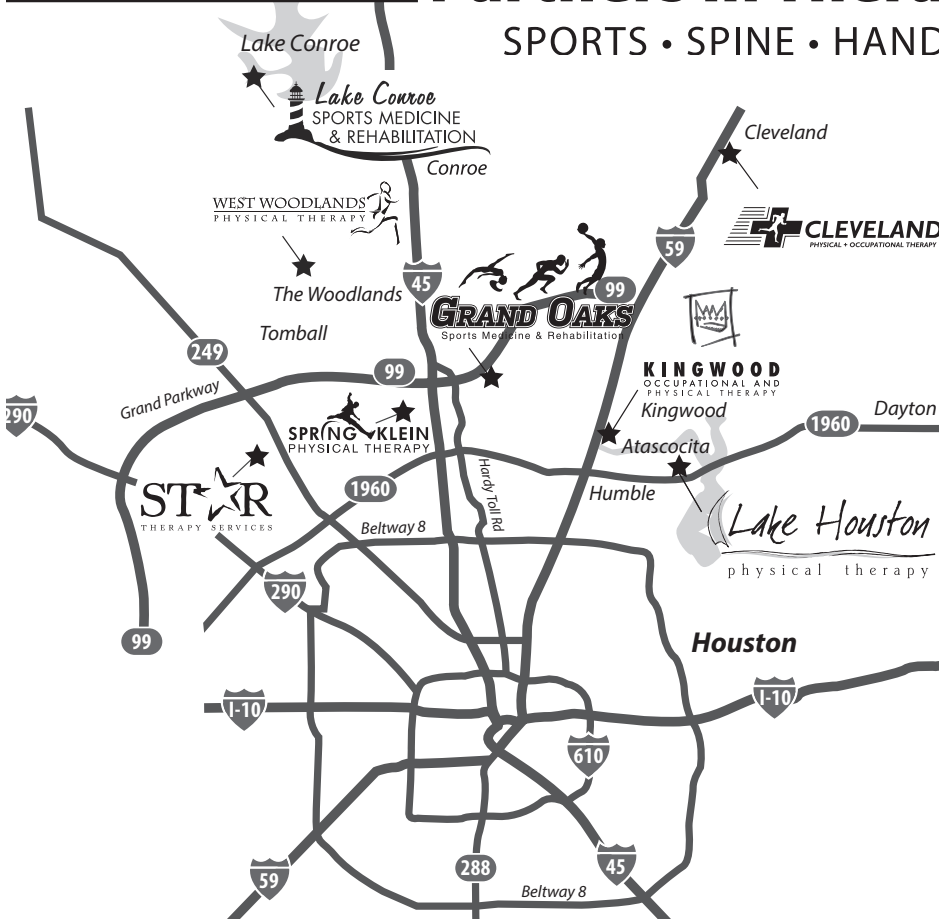
UPIN #: _____ Physician Name: _____

Physician Signature: _____

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.

Partners in Therapy

SPORTS • SPINE • HAND



Cleveland Physical & Occupational Therapy
102 N. Travis Avenue, Cleveland, TX 77327
Tel 281-592-2884 • Fax 281-592-3269
www.clevelandpt.com



Grand Oaks Sports Medicine & Rehabilitation
28533 Spring Trails Rd., 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.kingwoodpt.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

