



9082 E. US Highway 36  
Avon, IN 46123  
Phone: 317-209-1900 Fax: 317-209-1300  
Fast-tracktherapy.com  
(map located on back)

**Office Hours**

7am-7pm Monday – Friday

(additional hours available if necessary)

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

**Diagnosis:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Precautions:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

PT \_\_\_\_\_ OT \_\_\_\_\_

**PHYSICIAN'S ORDERS:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluate and Treat</li> <li><input type="checkbox"/> Therapeutic Exercise               <ul style="list-style-type: none"> <li>Strengthening</li> <li>PROM/AROM</li> <li>Enduranec</li> </ul> </li> <li><input type="checkbox"/> Home Exercise Program</li> <li><input type="checkbox"/> Manual Therapy               <ul style="list-style-type: none"> <li>Joint Mobilization</li> <li>ASTM/CFM</li> <li>Myofascial Release</li> <li>Muscle Energy Techniques</li> </ul> </li> <li><input type="checkbox"/> Trigger Point Dry Needling</li> <li><input type="checkbox"/> Lumbar Stabilization</li> <li><input type="checkbox"/> Traction (Cervical/Lumbar)</li> <li><input type="checkbox"/> Gait Training</li> <li><input type="checkbox"/> Proprioception/Balance</li> <li><input type="checkbox"/> FCE: Functional Cap. Eval</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Edema Mgmt.               <ul style="list-style-type: none"> <li>Int. Compression Pump</li> <li>Compression Garment Fitting</li> <li>Lymphedema Massage</li> </ul> </li> <li><input type="checkbox"/> Orthotics (custom)</li> <li><input type="checkbox"/> OT: Custom Hand Splinting</li> <li><input type="checkbox"/> TENS Unit Fitting</li> <li><input type="checkbox"/> Modalities as indicated               <ul style="list-style-type: none"> <li>__ Iontophoresis w/Dex</li> <li>__ Ultrasound/Phonophoresis</li> <li>__ Electrical Stimulation</li> <li>__ Moist Heat/Cryotherapy</li> <li>__ Paraffin Bath</li> <li>__ Anodyne Therapy/Infrared</li> <li>__ Red Light/Blue Light</li> </ul> </li> <li><input type="checkbox"/> Other _____</li> </ul>
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I certify this treatment as medically necessary.

**Physicians's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_