PROGRESSIVE STEP REHABILITATION SERVICES

David Shelton, MHS, PT
Michele Mesiano, PT
Suzanne Langenberg, PT
Barnes E. Sale, III, PT

PHYSICAL THERAPY PRESCRIPTION

From: (name)_____

Fax RX to: (904) 928-0039
Phone: (904) 646-1144

East Arlington: 720-1 St John's Bluff Rd N.
Jacksonville, Florida 32225

NPI: 1710968128 Tax Id# 59-3606865

Patient Name:_____Date:_____
Diagnosis:_____ ICD-9 _____
Insurance Auth #_____
Special Instructions/Precautions:_____
_____
Significant Medical History:_____

Next Office Visit:_____ Frequency/Duration ____x per week ___ weeks

ORTHOPEDICS – SPORTS MEDICINE – WOMENS HEALTH – INDUSTRIAL MEDICINE – POST SURGICAL

☐ **EVALUATE AND TREAT**
- ○ Thermotherapy
- ○ Electrotherapy
- ○ Gait Training
- ○ Traction
- ○ Manual Therapy
- ○ Exercise
- ○ Isokinetic Evaluation

☐ **Back Rehab**

☐ **Industrial Medicine**
- ○ Work Conditioning
- ○ Physical Capacity Evaluation

☐ **WOMEN'S HEALTH**
- ○ Pelvic Floor Rehab
- ○ Pelvic Pain Program
- ○ Abdominal/Pelvic Surgery Rehab
- ○ Pregnancy/Post Partum Program
- ○ Osteoporosis Program
- ○ Breast Surgery Rehab
- ○ Fibromyalgia Program

☐ **IN HOME PHYSICAL THERAPY**
(Medicare Patients Only)

Physician Signature _____ **Date**_____
I hereby deem this treatment medically necessary.

Progressive Step Rehabilitation Services
EAST ARLINGTON - (904) 646-1144
720-1 St. John's Bluff Rd. N.