NewPoint Physical Therapy Services Inc Prescription

Patient Information					
Name Date Of Birth Phone Number Recent Doctor Visit Date		Gender	O Male) Female	Other
Current condition					
Diagnosis Precautions					
Type of visit					
 New Patient Follow-up Routine Check-up 	 Specialist Con Urgent Care Other: 	sultation			
Request of Services					
 Home Exercises Program Electrical Stimulation Gait Training Kinesiotape Manual Therapy Neuro-Reeducation Therapeutic Exercises Therapeutic Activities Hot/Cold Therapy) Ultrasour) LSVT BIG) Vestibula) Women's) Pain Mar) Postural) Other:	G ar Rehab 8 Health nagement		
Prescription					
Frequency					
Physician					
Name Signature Date					