105 Lexington Dr. Suite H
Madison, MS 39110

HEALING HANDS
REHABILITATION SERVICES

Phone: 601-910-7300
Fax: 601-910-7071
info@hhrehab.com

THERAPY PRESCRIPTION/ORDER

☐ Physical Therapy ☐ Speech Therapy ☐ Occupational Therapy

Patient Name _____ Date _____

ICD 10 Code/Description _____

Precautions _____

NON-SURGERY PATIENT ☐ Evaluation & Treatment

☐ Cervical ☐ Back ☐ Shoulder (R or L) ☐ Elbow (R or L) ☐ Wrist/Hand (R or L) ☐ Hip (R or L)

☐ Knee (R or L) ☐ Ankle/Foot (R or L) ☐ General PT ☐ Health & Wellness ☐ Sports Performance

Special Program: _____

SURGERY PATIENT

☐ Evaluation & Treatment

Surgery Details: _____

Weight Bearing Status: _____

Requested Protocol & Special Instructions: _____

SPECIFIC MODALITIES & PROCEDURES

☐ Manual Therapy/Myofascial Release	☐ Electrical Stimulation	☐ Edema Management
☐ Therapeutic Exercises	☐ Issue TENS	☐ Posture & Body Mechanics
☐ Gait Training	☐ Ultrasound	☐ Balance Training
☐ Therapeutic Activity	☐ HIVAMAT	☐ Heat/Cold Therapy

FREQUENCY & DURATION: _____ x Per Week x _____ Weeks

_____ At Therapist's Discretion With Routine Progress Reports

_____

Physician/Nurse Practitioner Signature

Thank you for trusting Healing Hands with your patients!