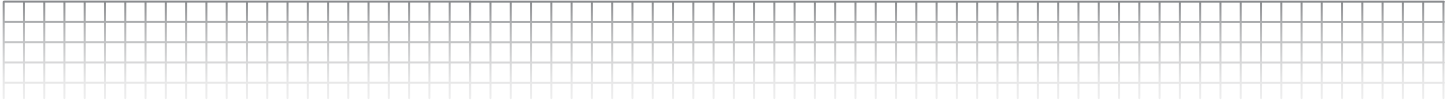




1581 North Main Street,
Palmer, MA 01069
Phone: 413-283-8303
Fax: 413-283-8304

185 West Ave.
Ludlow, MA 01056
Phone: 413-610-1393
Fax: 413-610-1395

130 Southampton Road
Westfield, MA 01085
Phone: 413-642-5853
Fax: 413-642-6153



PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Diagnosis: _____

TREATMENT RECOMENDATION

Physical Therapy Evaluate and Treat

Frequency and Duration:

1 x /Home Program 2 x wk for ___ wks 3x wk for ___ wks

Other _____

Modalities Manual Therapy

Therapeutic Exercises Post - Op

Vestibular/Neuro Rehab

Comments / Precautions: _____

MEDICAL AUTHORIZATION

I CERTIFY THAT THE ABOVE SERVICES ARE MEDICALY NECESSARY.

Signature: _____ MD / DO / PAC / NP

Print Name: _____ Date: _____