



PRENETA

PHYSICAL THERAPY

Physician Authorization for Medical Necessity

Patient Name _____ Phone _____

Diagnosis _____

Physician _____ Phone _____

Procedures

- | | | |
|--|--|--|
| <input type="radio"/> History and Evaluation | <input type="radio"/> Closed Chain Strengthening | <input type="radio"/> Orthotics |
| <input type="radio"/> Balance and Proprioception | <input type="radio"/> Joint Mobilization | <input type="radio"/> Spinal Stabilization Program |
| <input type="radio"/> R.O.M. Exercises | <input type="radio"/> Back School | <input type="radio"/> Manual Therapy |
| <input type="radio"/> Passive | <input type="radio"/> Massage | <input type="radio"/> Posture and Body Mechanics |
| <input type="radio"/> Active Assistive | <input type="radio"/> Gait Training | <input type="radio"/> Nutrition Consult |
| <input type="radio"/> Active | <input type="radio"/> Work Conditioning | |
| <input type="radio"/> Other _____ | | |

Modalities (as needed)

- | | | |
|--|--|-------------------------------------|
| <input type="radio"/> Whirlpool | <input type="radio"/> Electrical Stimulation | <input type="radio"/> Iontophoresis |
| <input type="radio"/> Moist Heat (Hydrocollator) | <input type="radio"/> Ultrasound | <input type="radio"/> Phonophoresis |
| <input type="radio"/> Cryotherapy | <input type="radio"/> Mechanical Traction | |
| <input type="radio"/> Other _____ | | |

Special Instructions / Precautions

Frequency & Duration _____

Physician Signature _____ Date _____

Clinic Directions

Via I-95 Southbound – Exit 21 Mill Plain Road. Left off of ramp and right onto Post Road.
Preneta Physical Therapy is on the left.

Via I-95 Northbound – Exit 19 Southport. Straight at end of ramp, 3rd right onto Post Road.
Preneta Physical Therapy is on the right.