

OLIVER PHYSICAL THERAPY

14241 Northwest Blvd. Ste. 101,
Corpus Christi, TX 78410
361-933-0600 (O) • 361-933-0654 (X)

1028 S. 14th St.,
Kingsville, TX 78363
361-488-6335(O) • 361-232-4964(X)

Patient's Name: _____

Date: _____ DOS: _____

Diagnosis _____

- | | |
|---|--|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Pre/Post Op Rehab |
| <input type="checkbox"/> Vestibular Rehab | <input type="checkbox"/> Hand Therapy |
| <input type="checkbox"/> Cardiac Therapy | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Oncology Rehab | <input type="checkbox"/> Workers Comp. |
| <input type="checkbox"/> Work Hardening/ Conditioning | <input type="checkbox"/> Sports Specific Rehab |

I certify that this patient is under my care and the services ordered are medically necessary and in accordance with a plan established and periodically reviewed by me.

The written plan established is contained in the patient's record and prescribes the type amount, and duration of the physical therapy services to be administered. This is an evaluate and treat order unless specified above.

Frequency: _____ Duration: _____

Follow up appt. _____

Physician's Signature _____

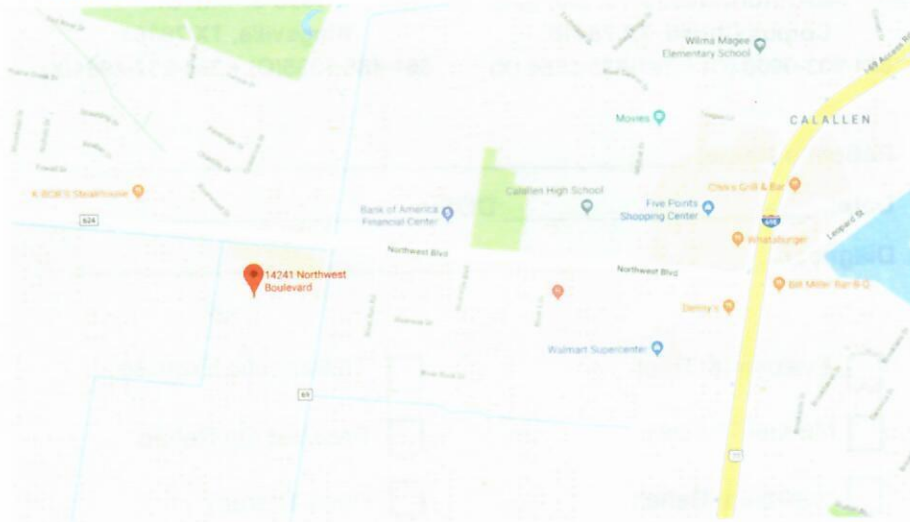
Thank You for your Referral

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www.oliverpt.com

"Your Best Choice"



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