



Therapeutic Associates PHYSICAL THERAPY

Patient Name: _____

Phone _____ DOB _____

Diagnosis: _____

Comments/Precautions: _____

EVALUATE AND TREAT APPROPRIATELY

Services

- Massage/Soft Tissue Mobilization
- TMJ
- Biomechanical/Orthotics
- Joint Mobilization
- Strength and Conditioning
- Therapeutic Exercise
- Modalities
- Patient Education
- Balance/Vestibular
- Hand Therapy
- Other _____

Special Programs

- WORK KINETICS®
- PCE/FCE
- Workstation Assessment
- Work Conditioning
- Prevention/Education
- WOMEN'S HEALTH
- Incontinence Training
- Pelvic Pain
- Pregnancy Education
- The ASTYM™ SYSTEM

Treat _____ times per week for _____ weeks or _____ total visits.

In making this referral, physician certifies that prescribed rehabilitation is medically necessary.

Physician Signature _____

Physician Name _____

Date _____
(REQUIRED BY MEDICARE)

Thank you for this referral

Providers for:

ACS/OWCP, CareMark Comp, CareMark PPO, CareOregon OHP, CareOregon Advantage, First Choice Health, Great West, Healthnet PPO, Healthnet Plus, Healthnet HOP, Healthnet Advantage, Lifewise/Premiera, Managed Healthcare NW (MHN) PPO, Medicare, Multiplan PPO, ODS PPO, ODS Plus, ODS OHP, ODS Advantage, OptumHealth, PacificSource Healthcare Direct, Health Net, LifeWise/Premiera, MultiPlan PPO, ODS, ODS Medicare, ODS OHP, Oregon Medicaid/DMAP, PacificCare, PIP/Motor Vehicle Coverage, Private Healthcare Systems PPO, Regence (BCBS) Traditional, Regence (BCBS) PPO, Regence (BCBS) Med Advantage, Railroad Medicare, Samaritan Health Plans, Three Rivers Provider Network (TRPN), United Healthcare (UHC ACN/Optum) United Healthcare Evercare, Student Resources, Washington Labor & Industry (WA L&I).

Provider status for other health plans may vary per office. Please phone clinic to verify insurance coverage.

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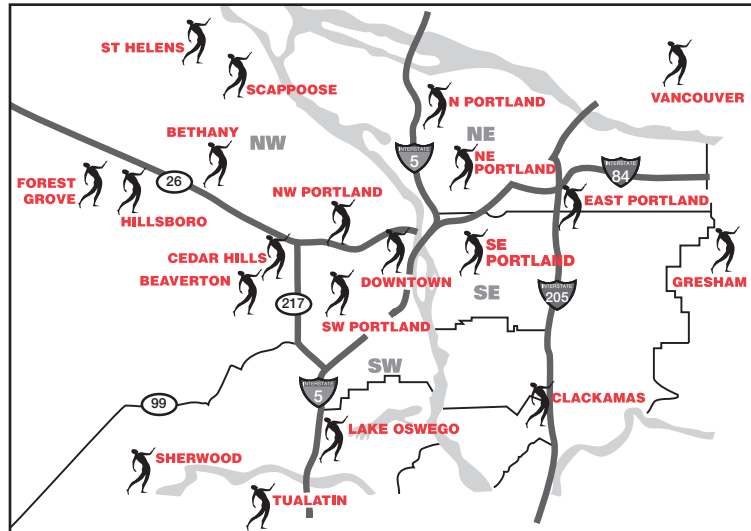
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