



NORTH TEXAS Physical Therapy

5950 Bryant Irvin Rd. Suite 200
 Phone: 817-294-4646 Fax: 817-294-4649
 Office Hours: M-F 7am-7pm
 www.northtexaspt.com

Name: _____

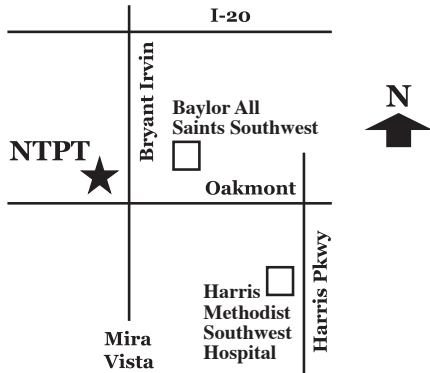
Diagnosis: _____ ICD9 (required): _____

Diagnostic test results: _____ Date of Onset: _____

Preauthorization number: _____ DOS: _____

PHYSICAL THERAPY

- Evaluate and Treat
- Therapeutic Exercise
- Ultrasound
- McConnell / Kinesotaping
- Electrical Stimulation
- Ergonomics
- Biofeedback
- Pneu-Lift Unloading
- Sports Metrics
- Traction
- Phonophoresis
- Gait Training
- Iontophoresis .4% Dexamethazone
- Orthotics Fabrication _____
- Equipment _____
- ASTYM for Tendonosis



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.

Frequency: _____ Duration: _____

Physician's Signature _____ Date: _____