



Walnut Bottom Professional Center  
 419 Village Drive, Suite 3  
 Carlisle, PA 17015  
 Tel (717)240-0330 Fax (717)240-0233  
 www.pennswoodpt.com

Appointment  
 Scheduled For:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Patient: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_

Precautions: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week Duration: \_\_\_\_\_ weeks

ANY INFORMATION YOU THINK WE SHOULD KNOW: \_\_\_\_\_

*I certify that I have examined this patient. The below stated treatment plan in necessary and will be provided while the patient is under my care.*

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

EVALUATE & TREAT WITH THE FOLLOWING RECOMMENDATIONS

MODALITIES

- Moist Heat
- Electric Stimulation
- Ultrasound
- TENS
- Iontophoresis w/  
Dexamethasone  
(RX required)
- Sequential Compression
- Contrast Baths
- Paraffin
- Phonophoresis w/  
Hydrocortisone 10%
- Whirlpool
- Cervical/Lumbar Traction
- Massage
- Cold Compression

THERAPEUTIC EXERCISE

- General Strengthening
- Gait Training
- Neuromuscular Reeducation
- Balance Training
- Home Exercise Program
- Progressive Resistive  
Exercise

RANGE OF MOTION

- PROM/AAROM Program
- AROM/RROM Program

INDUSTRIAL REHABILITATION

- Work Conditioning
- FCE
- Jobsite Analysis
- Ergonomic Consultation

HAND THERAPY

- Evaluate and Treat
- Slinting \_\_\_\_\_
- ADL Training
- Fluidotherapy

SPECIAL PROCEDURES

- Compression Bandaging/  
Stockings
- Knee Bracing
- Other \_\_\_\_\_

OTHER

- Vertigo Program
- Aquatic (Pool on Site)
- Osteoporosis Program
- Prosthetic Rehabilitation
- Myofascial Therapy

SPECIAL INSTRUCTIONS

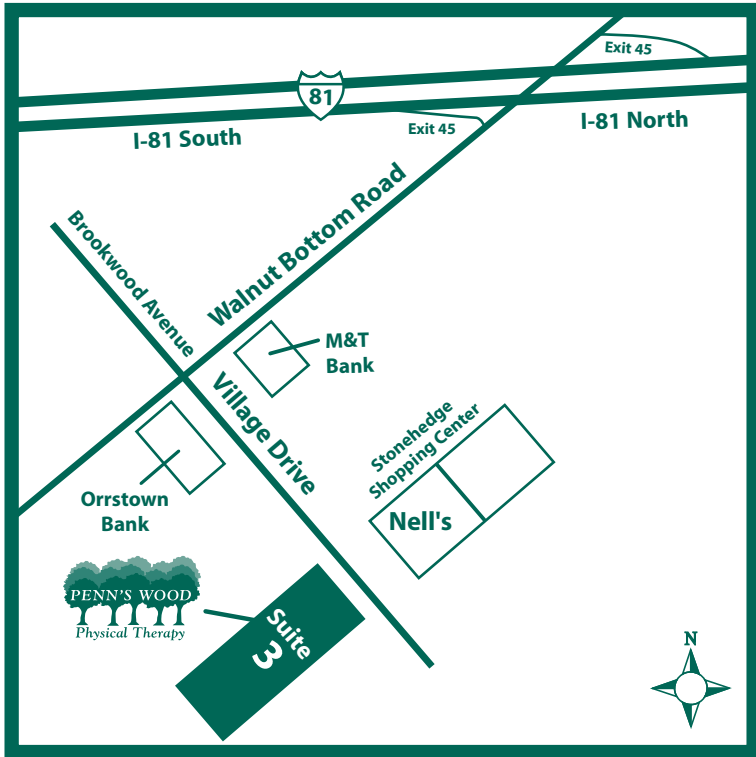
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WOUNDCARE PROGRAM

- Sterile Whirlpool
- Debridement
- Dressing: \_\_\_\_\_



*Walnut Bottom Professional Center*  
419 Village Drive, Suite 3  
Carlisle, PA 17015  
Tel (717)240-0330 Fax (717)240-0233  
www.pennswoodpt.com



### **Just a Reminder**

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.

Evaluations (1st visits) usually last 60 to 90 minutes.

### **What to Wear**

Please wear comfortable clothing and sneakers

Please bring shorts if we will be treating your leg(s)

Please bring swimwear and a towel if aquatic therapy is recommended

### **What to Bring (Insurance Forms)**

Commercial insurance claim form or HMO referral slip or Workers compensation employer information or No-fault automobile information.