Cutting Edge Physical Therapy

2390 National Rd. West
Richmond, IN 47374
tel 765.939.4871
fax 765.962.8273
www.cuttingedgept.com

Physical Therapy Prescription

Patient Name: ______________________________ Date: ____________________

Patient Phone: (H) ______________ (W) ______________ (C) ______________ DOB: __________

Worker's Compensation ☐ YES ☐ NO Adjuster / Case Manager: ____________________

Diagnosis: ____

Instructions/Precautions: ____

❍ Evaluate & Treat

Therapeutic Exercises

❍ AROM ❍ AAROM ❍ PROM
❍ Strengthening/ Stretching
❍ Physical/Work Conditioning
❍ Spinal Stabilization
❍ McKenzie Method

Manual Therapy

❍ Massage
❍ Soft Tissue Mobilization
❍ Joint Mobilization
❍ Myofascial Release

Modalities

❍ Ultrasound ❍ Whirlpool
❍ Iontophoresis
❍ Phonophoresis
❍ TENS ❍ NMES
❍ Cervical/Lumbar Traction
❍ Home Traction Unit
❍ Home TENS

Neuro-Re-education

❍ Balance improvement
❍ Proprioception
❍ Kinesthetic Awareness
❍ Postural Improvement
❍ Vestibular Rehabilitation

Miscellaneous

❍ Functional Capacity Evaluation
❍ Job Site Analysis / Ergonomics
❍ Foot Orthotics: ______________
❍ Strapping/Taping: ______________
❍ Bracing/Splinting: ______________

❍ **Other** ____

____

Precautions / Special Instructions: ____

____

Frequency / Duration: _____ **times per week for** _____ **weeks**

I hereby certify that the above services have been deemed medically necessary.

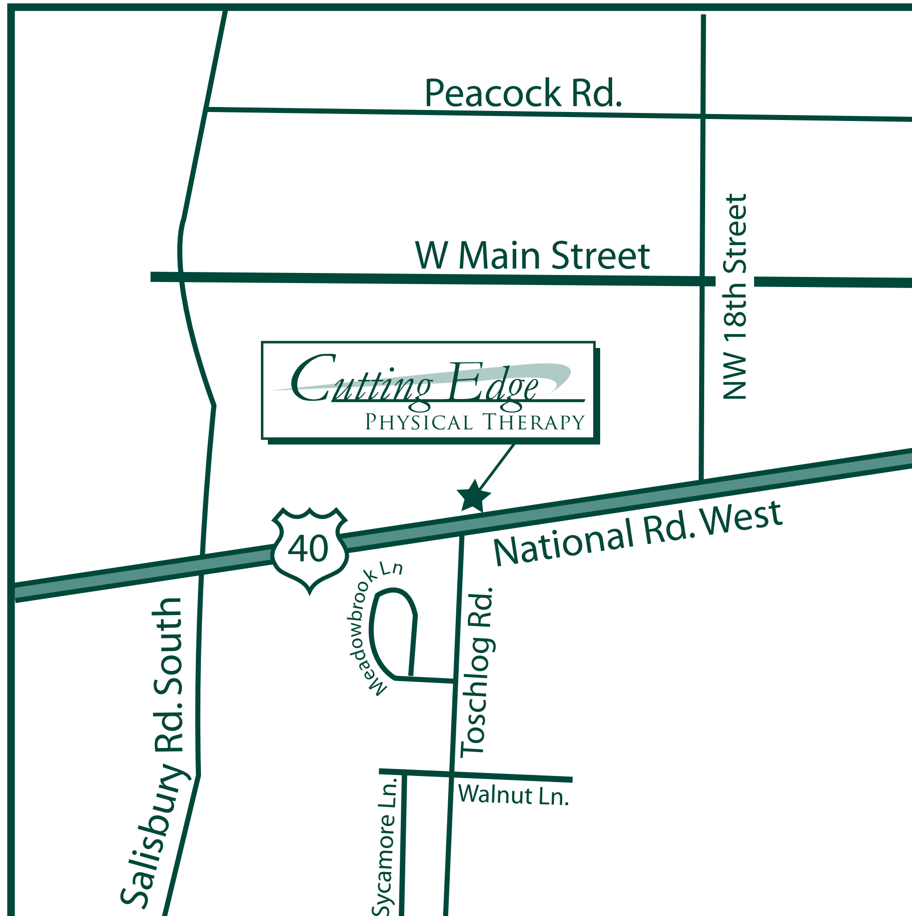
Physician's Signature: ______________________________ Date: ______________

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.

Cutting Edge
PHYSICAL THERAPY

2390 National Rd. West
Richmond, IN 47374
tel 765.939.4871
fax 765.962.8273
www.cuttingedgept.com

Convenient Location



Reminder

:: Please bring this referral slip with you on your first visit.
:: Please arrive at least 15 minutes before your scheduled appointment to complete paperwork.

What to bring

:: Comfortable clothing and sneakers, including t-shirts or tank tops, shorts or sweatpants.
:: Please bring insurance card/ID