



ORTHOPEDIC PHYSICAL THERAPY

CARY

1021 Darrington Drive #205
919.468.0955 phone
919.468.5747 fax

ROLESVILLE

101 Redford Place Drive #102
919.229.8097 phone
984.401.9535 fax

WAKE FOREST

10560 Ligon Mill Road #109
919.556.4678 phone
919.556.4619 fax

Date: _____ Physician Name: _____

Patient Name: _____

Patient Phone #: _____ Dx: _____

Evaluation & Treatment Frequency _____ x / week Duration _____ weeks

REQUESTED SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Dry Needling |
| <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Cupping |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> TMJ Program |
| <input type="checkbox"/> Joint Manipulation | <input type="checkbox"/> E-Stim |
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Iontophoresis w/Dexamethasone
<i>sodium phosphate 2.5cc/4.0mg/ml</i> |
| <input type="checkbox"/> Neuromuscular Re-education | <input type="checkbox"/> Patient Education |

BALANCE & VESTIBULAR CLINIC

- Positional Vertigo
- Dizziness
- Labrynthitis
- Concussion
- Acoustic Neuroma
- Vestibular Re-education
- Balance Training & Unsteadiness

ADDITIONAL SERVICES AVAILABLE

- Assisted Stretch Therapy
- Personal Training
- Sports Performance
- Worker's Compensation

PROVIDER SIGNATURE