



# ORTHOPEDIC PHYSICAL THERAPY

## WAKE FOREST

10560 Ligon Mill Road #109  
919.556.4678 phone  
919.556.4619 fax

## ROLESVILLE

101 Redford Place Drive #102  
919.229.8097 phone  
984.401.9535 fax

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

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Dx: \_\_\_\_\_

☐ Evaluation & Treatment    ☐ Frequency \_\_\_\_\_ x / week    ☐ Duration \_\_\_\_\_ weeks

### REQUESTED SERVICES

\_\_\_\_ Soft Tissue Mobilization  
\_\_\_\_ Myofascial Release  
\_\_\_\_ Joint Mobilization  
\_\_\_\_ Joint Manipulation  
\_\_\_\_ Therapeutic Exercises  
\_\_\_\_ Home Exercise Program  
\_\_\_\_ Gait Training  
\_\_\_\_ Neuromuscular Re-education

\_\_\_\_ Dry Needling  
\_\_\_\_ Cupping  
\_\_\_\_ TMJ Program  
\_\_\_\_ E-Stim  
\_\_\_\_ Traction  
\_\_\_\_ Ultrasound  
\_\_\_\_ Iontophoresis w/Dexamethasone  
    *sodium phosphate 2.5cc/4.0mg/ml*  
\_\_\_\_ Patient Education



\_\_\_\_ Positional Vertigo  
\_\_\_\_ Dizziness  
\_\_\_\_ Labryrinthitis  
\_\_\_\_ Concussion  
\_\_\_\_ Acoustic Neuroma  
\_\_\_\_ Vestibular Re-education  
\_\_\_\_ Balance Training & Unsteadiness

### SPECIAL INSTRUCTIONS:

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\_\_\_\_\_

\_\_\_\_\_  
PROVIDER SIGNATURE