LIFE FITNESS
PHYSICAL THERAPY

www.lifefitnesspt.com

Patient's Name _____

Patient's Phone number _____

Diagnosis _____

Instructions/Precautions _____

Recommended Frequency: _____ times per week for _____ weeks.

❑ EVALUATE & TREAT ❑ CONTINUE THERAPY

PROGRAMS

- ☐ **BACK PROGRAM**
- ☐ **CERVICAL PROGRAM**

OTHER DISORDERS

- ☐ Cervical HNP
- ☐ Cervical DDD
- ☐ Cervical Stenosis
- ☐ Cervicalgia
- ☐ Cervical Radiculopathy
- ☐ Cervicobrachial Syndrome
- ☐ Thoracic HNP
- ☐ Thoracic DDD
- ☐ Thoracic Stenosis
- ☐ Thoracic Pain
- ☐ Lumbar HNP
- ☐ Lumbar DDD
- ☐ Lumbar Stenosis
- ☐ Lumbar Radiculopathy
- ☐ Lumbago/ Low Back Pain
- ☐ Sciatica
- ☐ Muscular wasting/ disuse atrophy NEC
- ☐ Rotator Cuff Syndrome
- ☐ Myofascial Pain Syndrome
- ☐ Fall Risk Assessment

PAIN

- ☐ Shoulder Pain
- ☐ Elbow Pain
- ☐ Wrist Pain
- ☐ Pelvic Pain/Thigh
- ☐ Knee Pain/Lower Leg
- ☐ Ankle/Foot Pain
- ☐ Other Specified Site
- ☐ Multiple Sites

☐ **OTHER** _____

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

Physician/Provider Signature _____ Date _____

☐ **CATONSVILLE**:	t 410-368-1026	f 410-368-1047	3350 Wilkens Avenue, Ste 303, Baltimore, MD 21229
☐ **DUNDALK**:	t 410-284-5441	f 410-284-5442	6914 Holabird Avenue, Baltimore, MD 21222
☐ **ELLICOTT CITY:**	t 410-480-3705	f 410-480-3707	9171 Baltimore N'tl Pike, Ste 120, Ellicott City, MD 21042
☐ **OWINGS MILLS:**	t 410-998-9133	f 410-998-9155	23 Crossroads Drive, Ste 300, Owings Mills, MD 21117
☐ **TOWSON EAST:**	t 410-337-2470	f 410-337-2471	1220A East Joppa Road, Ste 234, Towson, MD 21286
☐ **WESTMINSTER:**	t 443-605-0505	f 443-605-0506	412 Malcolm Drive, Ste 310, Westminster, MD 21157

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.

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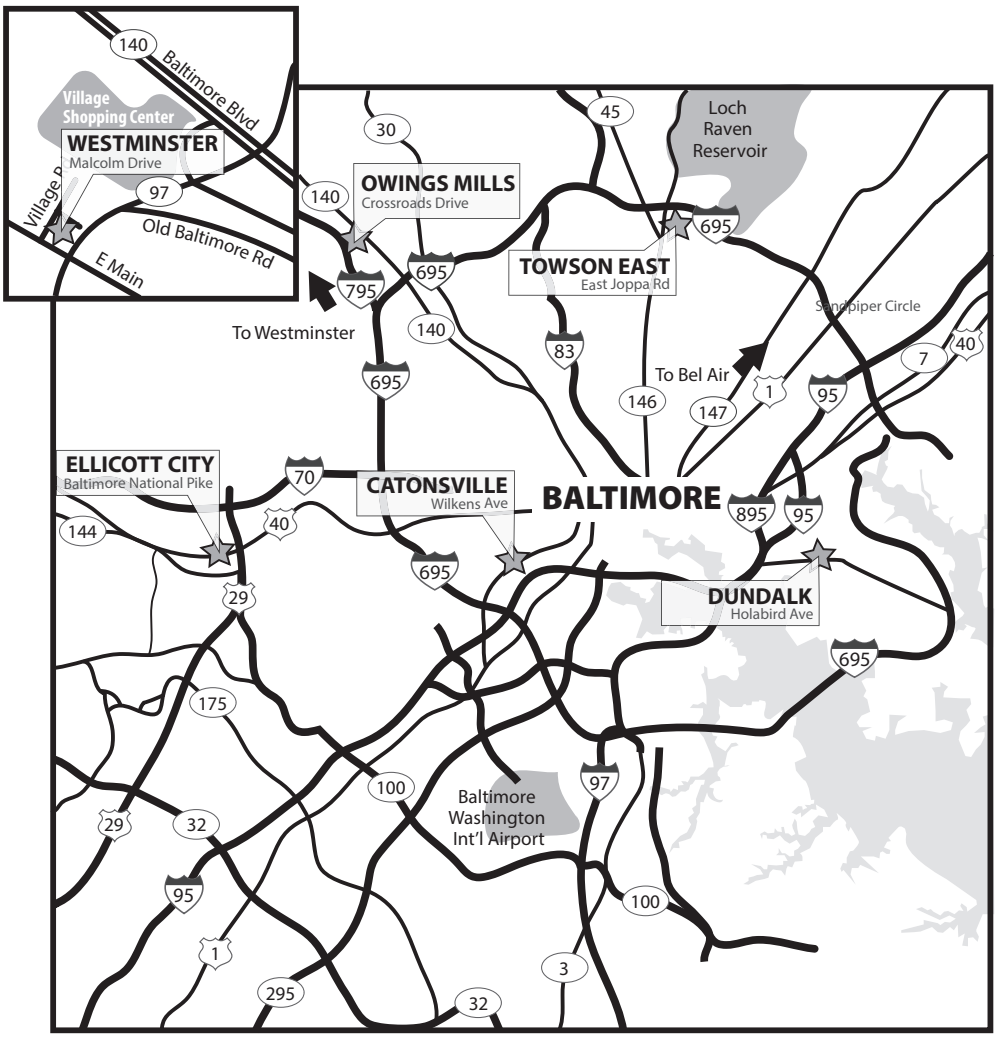

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