



808-230-2359 • physicalimpacthawaii.com • fax: 808-230-2375

40 Aulike Street • Kailua Professional Center II • Suite 416 • Kailua, Hawaii 96734

physical therapy • sports rehabilitation • personal fitness

PHYSICAL THERAPY PRESCRIPTION

DATE: _____

Name: _____

Claim#: _____

Home Phone: _____

Work Phone: _____

Diagnosis/ICD-9: _____

Date of Injury: _____

Insurance: _____

w/c

auto

private

Adjuster: _____

Phone: _____

Evaluate and Treat _____

Traction _____

Electrothermal Modalities (TENS, NMES, IF, US, Ice, Heat)

Movement Re-education (Gait, Balance, etc.)

Soft Tissue Mobilization/Joint Mobilization/Myofascial Release

Work Conditioning/Sport Performance

Therapeutic Exercise (ROM, Aerobic, Cardiovascular, Proprioception, Strengthen, Flexibility, Home program, etc.)

Comments/Other: _____

Treatment No. _____ per week, for _____ weeks.

Physician's Name (please print): _____ Physician's Signature: _____ Date: _____



Please Call to Schedule an Appointment

Office: 808-230-2359 • Fax: 808-230-2375

Mike Rufino: 808-372-4283 • Phil Christ: 808-375-9321

40 Aulike Street • Kailua, Hawaii 96734 • In the Kailua Professional Center II, Suite 416