



focus

PHYSIOTHERAPY

Huntsville
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Huntsville West
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Huntsville, AL 35806
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Patient Name: _____

Phone Number(s): _____ DOB: _____

Diagnosis/ICD-10: _____

Precautions/Contraindications: _____

Frequency/Duration: _____ x / week for _____ weeks.

- Evaluate and Treat
- Worker's Compensation (WC)
- Motor Vehicle Accident (MVA)
- Disability Evaluation
- Functional Capacity Evaluation (FCE)
- Functional Independence Measurement (FIM)
- Work Hardening

Special Instructions:

Physician Signature

Date

Physician Name

NPI

Phone

Fax