



Physical Therapy & Wellness Center

**Hemet / San Jacinto**  
1604 South Santa Fe, Suite 401  
San Jacinto, CA 92583  
Phone: 951.487.9317  
Fax: 951.487.9371  
At Windmill Square

**Menifee / Sun City**  
27192 Newport Road, Suite 1  
Menifee, CA 92584  
Phone: 951.672.6611  
Fax: 951.672.6077  
At Newport Commons

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## PHYSICAL THERAPY PRESCRIPTION

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

Diagnosis: \_\_\_\_\_

**Physical Therapy Evaluation and Treatment**

\_\_\_\_\_ times per week for \_\_\_\_\_ weeks Other: \_\_\_\_\_

Special Instructions / Precautions / WB status: \_\_\_\_\_

**Physical Therapy Wound Care Evaluation and Treatment**

\_\_\_\_\_ times per week for \_\_\_\_\_ weeks Other: \_\_\_\_\_

Special Dressings / Topical Agents / Instructions: \_\_\_\_\_

**Cure Complete Decongestive Therapy**

\_\_\_\_\_ Lymphedema \_\_\_\_\_ Venous Insufficiency \_\_\_\_\_ Chronic Edemas

*I verify that physical therapy intervention is medically necessary for this patient, and that rehabilitation services will be rendered while the patient is under my care. The established treatment plan will be reviewed every 30 days as the patient's condition requires.*

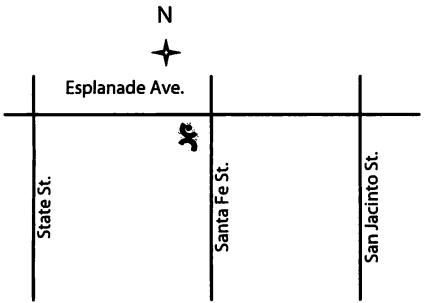
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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