



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

PHYSICAL THERAPY PRESCRIPTION

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.

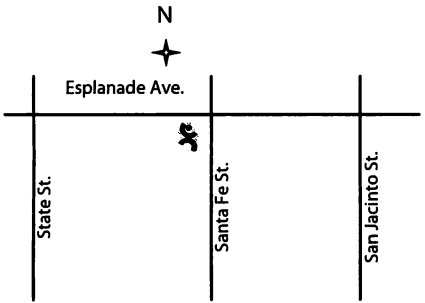
Provider Signature: _____ Date: _____

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