



8331 Madison Blvd, Suite 500  
Madison, AL 35758  
ph (256) 325-2070 fax (844) 587-9612  
Lystraptandwellness@gmail.com

### Physician Order for Outpatient Therapy

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

Patent Address: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

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

Precautions: \_\_\_\_\_

PT to Evaluate and Treat as indicated

- Exercise/Strength Training
- Modalities: Ultrasound E-Stim Moist Heat

Special Instructions: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Printed Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

