

STONE OAK

MEDICAL PARK AT STONE OAK
 19260 Stone Oak Parkway, Suite 107
 San Antonio, Texas 78258
 Phone (210) 545-9355
 Fax (210) 545-9369
 www.myPRI.net



MEDICAL CENTER

HUEBNER WOODS OFFICE PARK
 10007 Huebner Road, Suite 107
 San Antonio, Texas 78240
 Phone (210) 593-0774
 Fax (210) 593-0707
 www.myPRI.net

Physical Therapy Referral

Patient Name: _____ Patient Phone Number: _____
 Diagnosis: _____ Diagnosis Code(s): _____
 Areas to be Treated: _____ Precautions: _____
 Frequency: Daily TIW BIW QIW
 Duration: _____ weeks

Evaluate and Treat

Manual Therapy

- Joint Mobilization Soft Tissue Mobilization
 Myofascial Release Other: _____

Therapeutic Exercise/Activities

- PROM/AAROM/AROM Stabilization/Core Training
 Strengthening Neuromuscular Re-ed
 Flexibility Home Instruction
 Proprioception Pre-op Exercise
 Gait Training/Precautions: _____
 Other: _____

Modalities

- Electrical Stimulation Fluidotherapy
 Hot & Cold Packs Home T.E.N.S.
 Ultrasound Iontophoresis*
 Paraffin Phonophoresis**
 Traction
 Lumbar/Pelvic Cervical

Other Programs

- Vestibular Rehab Pre-op Examination
 Weight Mgmt Biofeedback
 Neck and Back School Osteoporosis

Supportive Materials

- Back/Neck Brace Taping
 Cane/Crutches/Walker Splint/Brace
 Shoulder Pulley Custom Orthotics

Goals of Treatment

- Relieve Pain Increase Strength
 Reduce Spasm Improve Circulation
 Increase Function Other _____

*Iontophoresis:

Dexamethasone 4 mg/ml, 2.0cc per tx for _____ total treatments

**Phonophoresis:

Hydrocortisone 10% / aquasonic gel 20 gms with _____ refills

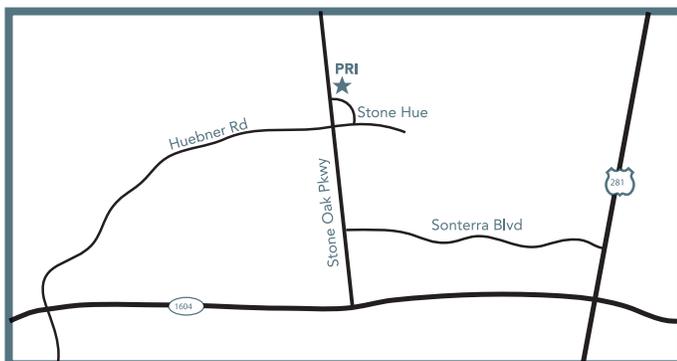
MD Signature: _____

Sign here **ONLY** if you are prescribing Iontophoresis or Phonophoresis

Physician signature: _____ Date: _____

I certify that the prescribed treatment is an appropriate course of treatment and the services prescribed are medically necessary.

Rehabilitative potential: Excellent Good Fair Poor



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