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|  | **Mililani Physical Therapy, LLC****95-720 Lanikuhana Ave, #140****Mililani, Hawaii 96789****Phone: 623-6244 Fax: 623-6414** |  |
| Vanessa Dasalla, PT, DPTLita Endaya, PTLynne Estabilio, PTTammie Harada, PT | Mary Lau-Miki, PT, DPTMark Miki, PT, DPT, OCS, CSCSJinky Nisperos, PTSheyenne Turk, PT, DPTDevyn Brubaker, LMT | Sean Hashimoto, LMTKimiko Miyake, LMTIvy Rivera, LMTNelson Yoshida, LMT |

**Physical Therapy Prescription / Treatment Plan**

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| --- | --- | --- | --- | --- |
| Patient’s Name: |        |  | Phone:  |  |
| Type of Insurance: [ ]  Work Comp [ ]  No Fault [ ]  Medicare [ ]  HMSA [ ] Other |  |
| Insurance Company:  |  |  | Claim#:  |  |
| Referring Physician:  |        |  | Phone:  |  |
| Diagnosis:  |       |  | Date of Injury:  |  |
| Special Instructions:  |  |  | Date of Surgery:  |  |

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| [ ]  **Physical Therapy Evaluation and Treatment**  | [ ]  **Massage Therapy** |
| [ ]  **Mobile Physical Therapy** | [ ]  **Home Program** |

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| **Modalities:** | **Procedures:** | **Specialized Programs:** |
| [ ]  Moist Heat / Cold  | **Manual Therapy**: | [ ]  Neck |
| [ ]  Iontophoresis | [ ] Cervical / Lumbar Traction | [ ]  Back |
| [ ]  Ultrasound  | [ ]  Joint Mobilization | [ ]  Shoulder |
| [ ]  TENS | [ ]  Spinal Mobilization | [ ]  Elbow |
| [ ]  Electrical Stimulation | [ ]  Manual Lymph Drainage | [ ]  Wrist/hand |
| [ ]  Biofeedback | [ ]  Myofascial Release | [ ]  Hip |
|  | [ ]  Soft Tissue Mobilization | [ ]  Knee |
|  | [ ]  Massage | [ ]  Ankle/Foot  |
|  | [ ]  Myotherapy | [ ]  Vestibular Rehab |
| **Equipment / Supplies:** | **Therapeutic Exercises**: | [ ]  Stroke Rehab |
| [ ]  Please list: | [ ]  Range of Motion | [ ]  Gait Training  |
|  |   |  |  Active / Passive | [ ]  Osteoporosis |
|  |  |  | [ ]  Stretching | [ ]  Incontinence |
|  |  |  | [ ]  Stabilization | [ ]  Post-Surgical Breast Program |
|  | [ ]  Strength/Conditioning | [ ]  Lymphedema |
|  | [ ]  Resistive Exercise | [ ]  Pelvic Floor Rehab |
|  |  | [ ]  Other:  |

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| Measurable Objectives / Goals:  | Please refer to enclosed report |
| Frequency: [ ]  daily [ ]  1x/week [ ]  2x/week [ ]  3x/week  |
| Duration:       [ ]  weeks / [ ]  months. |
| Number of sessions: |            | Cost Estimate:  | ­­per insurance fee schedule |
| Estimated date of termination: |  | Period to Cover:  |  | ­to |  |

|  |  |  |
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| Physician’s Signature |  | Date |

mpt.rx revised 5/2020