tel: 818.990.0267 fax: 818.990.0261

13540 Ventura Boulevard
Sherman Oaks, CA 91423
www.bechtelpt.com

BECHTEL
PHYSICAL THERAPY

Physical Therapy Prescription

Patient: _____ **Date:** _____

Diagnosis: _____

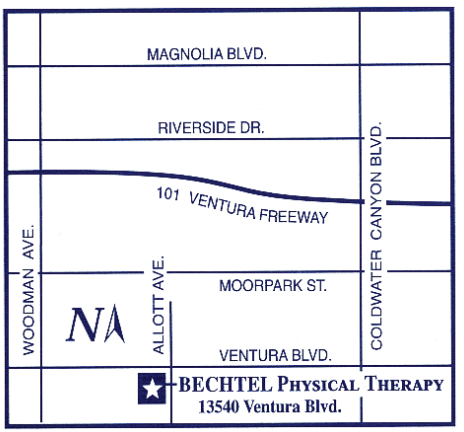
Frequency: _____ **Duration:** _____

Pertinent Information/Precautions: _____

_____

- ___ Evaluation
- ___ Joint Manipulation
- ___ Myofascial Release
- ___ Phonophoresis
- ___ Ultrasound
- ___ Hot/Cold Pack
- ___ Gait Training
- ___ Taping
- ___ Home Exercise Program
- ___ Therapeutic Exercise
- ___ Soft Tissue Mobilization
- ___ Neural Mobilization
- ___ Traction
- ___ Electrical Stim. (Microcurrent, IFC, TNS, EMS)
- ___ Iontophoresis
- ___ Neuromuscular Re-Education
- ___ Cold Laser
- ___ Surface EMG
- ___ Postural Re-Education
- ___ Balance Training
- ___ Ergonomic Assessment
- ___ Other: _____

_____



_____ **M.D.**

_____
(Physician's Name)

_____
(Address)

_____
(Phone Number)