

SOUTH ORANGE REHABILITATION & WELLNESS

177 VALLEY ST.
SOUTH ORANGE
NJ 07079



TEL: 973-761-0077
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PHYSICAL THERAPY PRESCRIPTION

Patient's Name: _____

Diagnosis: _____

- _____ 97001 Physical therapy eval
_____ 97002 Physical therapy re-eval
_____ 97010 Application modality to one or more areas: hot or cold packs
_____ 97012 Traction, mechanical
_____ 97014 Electrical stimulation (unattended)
_____ 97026 Infrared
_____ 97035 Ultrasound, each 15 mins.
_____ 97112 Neuromuscular reduction of movement, balance, coordination and flexibility sense, posture, and/or proprioception for sitting and/or standing activities
_____ 97116 Gait training (includes stair climbing) each 15 mins.
_____ 97124 Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussions)
_____ 97140 Manual therapy technique (eg. Mobilization, manipulation, manual lymphatic drainage, manual traction). One or more regions, each 15 mins.
_____ 97530 Therapeutic activities (use of dynamic activities to improve functional performance) each 15 mins.
_____ Other: _____

Frequency: Daily 3X 2X 1X Other:
Duration: 8 Weeks _____ 4 Weeks _____ 2 Weeks _____ Other: _____

Comments: _____

Physician's Signature: _____ Date: _____