



Lake Charles

4451 Nelson Road Lake Charles, LA 70605
Fax: (337) 564-5028 Phone: (337) 564-5027

Grand Coteau

1506 I-49 N. Service Rd. Grand Coteau, LA 70541
Fax: (337) 662-5178 Phone: (337) 662-7200

Lafayette

105 Patriot Ave., Ste 201 Lafayette, LA 70508
Fax: (337) 345-1959 Phone: (337) 345-1957

Jennings

2002 Johnson Street, Ste 100 Jennings, LA 70546
Fax: (337) 824-4548 Phone: (337) 824-4547

Jeanerette

1401 Church Street Jeanerette, LA 70544
Fax: (337) 276-9521 Phone: (337) 276-2803

For insurance purposes, this document shall serve as a statement of medical necessity for therapy rendered to the individual referenced below.

Patient Name: _____ Phone: _____ DOB: _____

EVALUATE AND TREAT Treatment per week: _____ For: _____ week(s)

Diagnosis: _____ Procedure/Precautions: _____

Patient Last Appt Date: _____ Patient Next Scheduled Appt. Date: _____

Other Patient Information: LAST APPT NOTE ATTACHED PROTOCOL ATTACHED FACE SHEET ATTACHED

Manual Therapy

- MANUAL THERAPY
- MOBILIZATION
- STRETCHING PROGRAM
- NEURO RE-EDUCATION
- DRY NEEDLING
- CUPPING
- KINESIO TAPING
- GUA SHA TECHNIQUE*
- COMPRESSION/VOODOO WRAP*
- BLOOD FLOW RESTRICTION*

Home Use

- TENS + INSTRUCTION
- OVER DOOR TRACTION
- HOME TRACTION UNIT
- ASSISTIVE DEVICE
- ORTHOTICS
- SPLINT
- HOME PROGRAM INSTRUCTIONS
SPECIFY _____

Evaluate & Treat

- STRENGTH/STABILIZATION
- CORE STABILITY/STRENGTHENING
- NEURO RE-EDUCATION
- POSTURAL EXERCISES
- GAIT TRAINING
- AEROBIC/WORK CONDITIONING
- TMJ
- PRE-OPERATIVE EDUCATION/TRAINING
- VESTIBULAR TRAINING/VERTIGO*
- HOME EXERCISE PROGRAM
- ACTIVITIES OF DAILY LIVING
- OT*
 - ADL TRAINING
 - FINE MOTOR
 - NEURO RE-EDUCATION
 - STRENGTH/STABILIZATION

Modalities

- HOT / COLD PACK
- ULTRASOUND
- MECHANICAL TRACTION
- ELECTRICAL STIMULATION
- PARAFFIN
- TENS
- JOBST PUMP
- PHONOPHORESIS**/IONTOPHORESIS***

**needs script for 10% Hydrocortisone Cream

*** needs script for dexamethasone sodium phosphate 4MG/ML INJ

**Availability of services may vary by location and staff certifications.*

Comments: _____

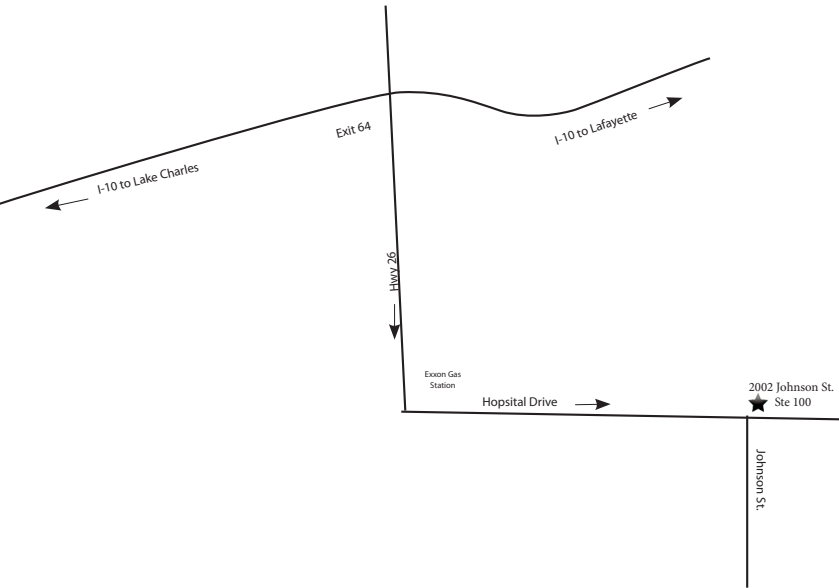
Physician's Signature

Physician's Name Printed

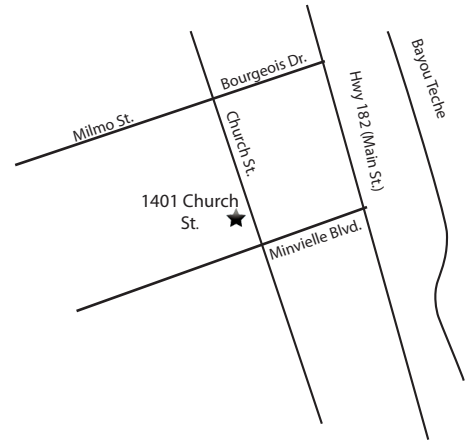
Date

DIRECTIONS

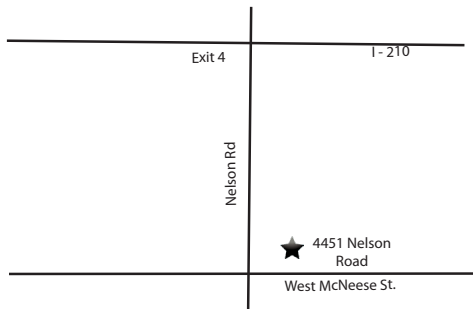
Jennings Clinic



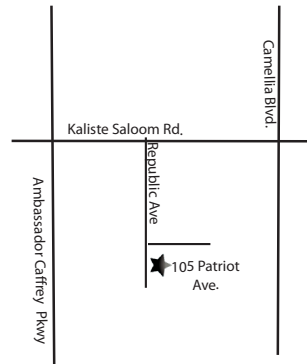
Jeanerette Clinic



Lake Charles Clinic



Lafayette Clinic



Grand Coteau Clinic

