

PHYSICAL THERAPY PRESCRIPTION/TREATMENT PLAN

Name: _____

Phone: (Res) _____ (Bus) _____

Date of Injury: _____

Insurer: _____

WC Auto Private Liability

Claim#: _____

Adjuster: _____

Diagnosis: _____

Frequency/Duration: _____ x/week x _____ weeks

* Appointment Date: _____ Time: _____

Area to Be Treated: _____

Evaluate and Treat

Procedures/Modalities:

| | |
|---------------------------|------------------------------|
| ___ Therapeutic Exercises | ___ Joint Mobilization |
| ___ Work Simulation | ___ Soft Tissue Mobilization |
| ___ Ice/Heat | ___ Myotherapy |
| ___ Range of Motion | ___ ASTYM™ System |
| ___ Ultrasound | ___ ESTIM/EMS/TENS |
| ___ Traction | ___ Phono/Ionto Phoresis |

Home Exercise Training

Special Instructions/Goals: _____



**ORTHOPEDIC REHABILITATION
SPECIALISTS**

Craig B. Nagata, PT, OCS, MTC

Phone: (808) 979-0700 • FAX: (808) 979-0707

www.ors-pt.com

Physician's Signature

Date

Name (please print)

Phone



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Craig B. Nagata, PT, OCS, MTC

ADDRESS: 1600 Kapiolani Blvd., Suite 600
Honolulu, Hawaii 96814

PHONE: (808) 979-0700*
FAX: (808) 979-0707

CLINIC HOURS: Mon., Wed., Fri. - 8:00 am to 6:00 pm
Tue. and Thurs. - 8:00 am to 5:00 pm
Sat. - 8:00 am to 12:00 noon

PARKING: Validated parking available in building.
Enter on Makalao Street.
Exit to Kapiolani Blvd.

WEBSITE: www.ors-pt.com



***Patient Reminder: Please call Orthopedic Rehabilitation Specialists if you are unable to keep your scheduled appointment.**