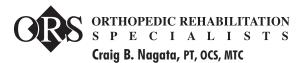
PHYSICAL THERAPY PRESCRIPTION/TREATMENT PLAN

Name:		Time:
Phone: (Res)(Bus)	_	
Date of Injury:	Area to Be Treated:	
Insurer:	Evaluate and Treat	
□ WC □ Auto □ Private □ Liability Claim#:		Soft Tissue Mobilization
Adjuster:	Ice/Heat	Myotherapy
Diagnosis:	Range of Motion ASTYM™ System Ultrasound ESTIM/EMS/TENS Traction Phono/Ionto Phoresis	
	Home Exercise Training	
Frequency/Duration: x/week x weeks	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



- 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 Makaloa 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.