



Dove Physical Therapy, LLC

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Physical Therapy Prescription

Patient's Name _____ Patient's DOB _____

Patient's Phone Number _____ Alternate Phone Number _____

Diagnosis _____

Diagnosis Code (1) _____ (2) _____ (3) _____

Physical Therapy

Evaluate and Treat

Neurological Rehabilitation

- Cerebrovascular Accident (Stroke)
- Traumatic Brain Injury (TBI)
- Parkinson's disease (PD)
- Multiple Sclerosis (MS)
- Brachial Plexus Injury
- Other _____

Oncological Rehabilitation

- Lymphedema Therapy – Complete Decongestive Therapy
- Compression Garment Class I, II, III, IV _____
- Axillary Web (Cording) Syndrome
- Muscle Tightness and/or Weakness
- Compression Pump

Increase Strength

- Therapeutic Exercises
- Stabilization Programs, (neck/back)

Increase Function

- Sport-specific activities
- Work-related activities
- ADL-specific activities

Sports Therapy (Strengthening and Conditioning)

- _____

Manual Therapy

- Soft-tissue mobilization/manipulation
- Joint mobilization/manipulation
- Muscle Energy Techniques (MET)
- Proprioceptive Neuromuscular Facilitation (PNF)
- Neuro-Developmental Treatment (NDT)

Patient Education Programs

- Home Exercise Program
- Back/Neck School
- Fall Prevention Programs

Specific Protocol as per MD

- ACL
- Total Joint Replacement
- Other _____

Restrictions/Precautions

Additional Orders

Frequency of Treatment: _____ times per week for _____ weeks Renewals _____

Physician Name (Printed) _____

Physician's Signature _____ Date _____

Physician's Phone Number _____ Physician's Fax Number _____

Date of Appointment _____ Appointment Time _____