BreakThrough
PHYSICAL THERAPY

Phone: 803-548-5662
Fax: 803-548-5635

Patient Name: _____

Phone #: _____ Date: _____

Diagnosis or Impression: _____

ICD-10: _____ Surgery/Injury Date: _____

■ Evaluate and Treat

If you request selective intervention for this patient, please indicate below:

- ❑ **Manual Therapy/Spinal Manipulation**
  - ❑ IASTM
  - ❑ Dry Needling
- ❑ Iontophoresis
- ❑ Modalities
- ❑ Post-operative Rehabilitation
- ❑ Therapeutic Exercises
- ❑ **Workers' Compensation Services**
  - ❑ Work Conditioning
    ___ Hrs/Day, ___ Days/Week
  - ❑ Job Analysis
- ❑ **Chronic Pain Strategy**
  - ❑ Pain Science Education
  - ❑ Graded Exercise/Activity
  - ❑ VR Pain Education/Management
- ❑ Other: _____

_____

Specific Instructions:

❑ Avoid/Precautions: _____

_____

Comments: _____

_____

I certify that the treatment is medically necessary and will be reviewed every 30 days.

Referring Provider's Signature: _____

Please print name: _____ Date: _____

Medicare requires a physician's signature on the Plan of Care (POC), which will be faxed to you as part of the Initial Exam summary – please fax back promptly. Thank you!

info@ylw-pt.com

Clinic locations and contact information on back.

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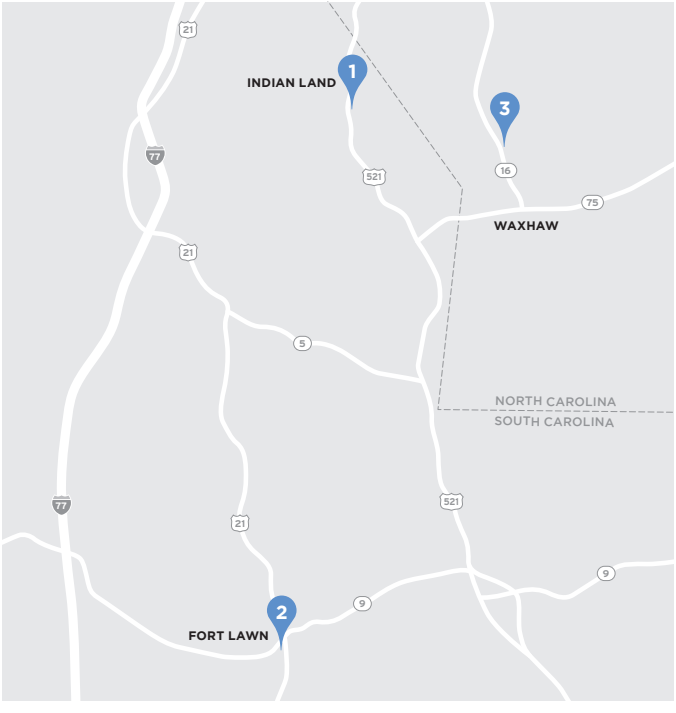

Fax: 803-548-5635

1 Indian Land
7580 Charlotte Hwy., Ste. 1100
Indian Land, SC 29707
803-548-5662
Fax 803-548-5635

2 Fort Lawn
5554 Main St.
Fort Lawn, SC 29714
803-548-5662
Fax 803-548-5635

3 Waxhaw
2514 Cuthbertson Rd., Ste. D
Waxhaw, NC 28173
704-810-4302
Fax: 704-705-4588

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