



QUAD CITY
**PHYSICAL THERAPY
& SPINE**

5254 Utica Ridge Road, Davenport, IA 52807

Office: 563-359-3799 Fax: 563-359-3804

Heather Duncan, MPT, Owner

Patient: _____

Date of Birth: _____

Diagnosis: _____

Phone Number: _____

Physical Therapy Prescription

Evaluate and Treat

- | | |
|---|---|
| <input type="checkbox"/> McKenzie Method | <input type="checkbox"/> Fall Risk Assessment |
| <input type="checkbox"/> Core Stabilization | <input type="checkbox"/> Vestibular Rehab / Balance |
| <input type="checkbox"/> Therapeutic Exercise/ Activities | <input type="checkbox"/> Myofascial Techniques |
| <input type="checkbox"/> Soft Tissue / Joint Mobilization | <input type="checkbox"/> Cervical / Lumbar Traction |
| <input type="checkbox"/> Neuromuscular Re-education | <input type="checkbox"/> Home Exercise Program |
| <input type="checkbox"/> Ultrasound / Phonophoresis | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Electric Stimulation | <input type="checkbox"/> ROM (P, A/A, A) |
| <input type="checkbox"/> Cryotherapy / Moist Heat | <input type="checkbox"/> Iontophoresis |
| <input type="checkbox"/> Vasopneumatic Compression | <input type="checkbox"/> Other: _____ |

Frequency: _____

Duration: _____

Prognosis: Good

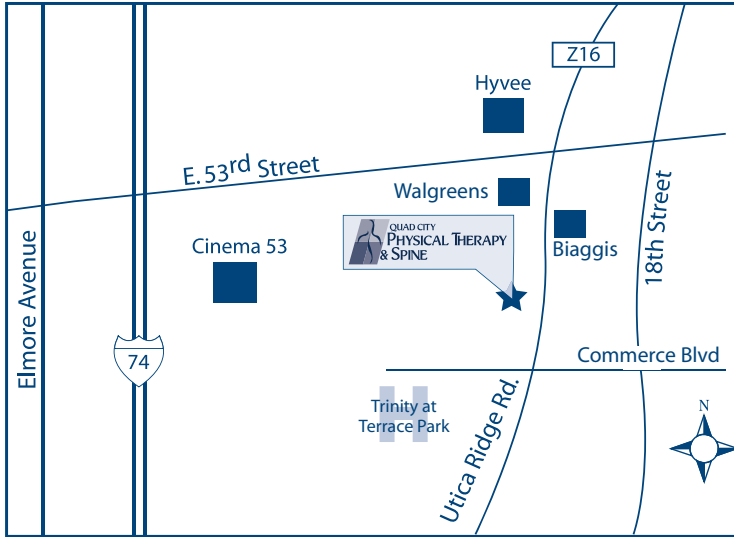
Fair

Poor

I certify that the above ordered treatment is medically necessary for this patient to achieve the following goals:

- | | | |
|---|--|--|
| <input type="checkbox"/> Relieve pain | <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Increase strength |
| <input type="checkbox"/> Improve Function | <input type="checkbox"/> Improve Endurance | <input type="checkbox"/> Return to work |

Signature: _____ Date: _____



Convenient Hours:

Monday - Thursday 7:30a.m. - 6:30p.m.

Friday 7:30a.m. - 2:00p.m.

Or by appointment

We accept most major insurance plans

Please go to our website, print and
complete the forms for your first visit.

Thank you

www.quadcityptandspine.com