



7114 Niimalu Loop Honolulu, HI 96825
Phone (808) 783-9320 Fax (808) 396-5581

Physical Therapy Prescription

Name: _____ DOB: _____

Patient Phone Number: _____ DOS: _____

Diagnosis / ICD : _____

Primary Insurance: _____ Secondary: _____

Evaluate and Treat

Services:

- | | |
|---|---|
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Soft Tissue Massage |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Jt. Mobilization |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Manual Traction |
| <input type="checkbox"/> AROM / PROM | <input type="checkbox"/> Electric Stimulation |
| <input type="checkbox"/> other _____ | |

Frequency: _____ x week / _____ weeks

Special Instructions/Precautions/Treatment Goals/Additional Diagnosis:

Physician Signature: _____ Date: _____

Please fax prescription to (808) 396-5581
Thank You for this referral!