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- 95-1057 Ainamakua Dr. , Ste F-11, Mililani, Hawaii 96789, Phone: (808) 657-3221, Fax: (808) 657-3222

Patient Name: .....

DOB: ..... Phone: .....

Physician: .....

Phone: ..... Fax: ..... NPI#: .....

ICD-10 CODE: ..... Diagnosis: .....

Precautions / restrictions / comments : .....

DESCRIPTION OF TREATMENT:

- Evaluate and Treat
- Aquatic Therapy
- Injury specific Therapeutic Exercise, ROM, Stretching & Strengthening Program
- Modalities & Procedures:.....
- Body Mechanics & Principles
- Home Exercise Program
- Cardiopulmonary Rehabilitation
- Other:.....

FREQUENCY OF TREATMENT:

Standard Treatment Plan 2-3 times per week for:

- 4 weeks     6 weeks     8 weeks
- Other frequency of treatment ..... days a week

I hereby certify that Physical Therapy is medically necessary for this patient's plan of care.

.....  
Signature

.....  
Date

Check if more referral pads are needed. MAHALO!