



**PHYSICAL  
THERAPY  
SPECIALISTS**  
— EST. 1994 —

271 Five Cities Drive, Pismo Beach, CA 93449 | phone 805.473.7499 | fax 805.473.7494

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

## PHYSICAL THERAPY ORDER

Diagnosis: \_\_\_\_\_

ICD-10 (specificity required): \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Post - Surgical Rehab

Evaluate & Treat

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks

Surgical Date: \_\_\_\_\_ Procedure: \_\_\_\_\_

Pre - Operative Diagnosis (if applicable): \_\_\_\_\_

Precautions: \_\_\_\_\_

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Fax reports to: \_\_\_\_\_

Phone: \_\_\_\_\_

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