

# Advanced

## THERAPY SOLUTIONS

1530 Springhill Rd., Suite B  
Jasper, Texas 75951

Phone: (409) 489-9787  
Fax: (409) 489-9751

Monday - Friday 8 AM to 12 PM - 1 PM to 5 PM

**PLEASE CALL FOR AN APPOINTMENT - MAP ON BACK**

PATIENT \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ DIAGNOSIS CODE (S) \_\_\_\_\_

FREQUENCY \_\_\_\_\_ TIMES PER WEEK DURATION \_\_\_\_\_ WEEKS

PRECAUTIONS or SPECIAL INSTRUCTIONS: \_\_\_\_\_

- PHYSICAL THERAPY EVALUATE AND TREAT
- OCCUPATIONAL THERAPY EVALUATE AND TREAT
  
- AQUATIC THERAPY                       ULTRASOUND
- GAIT TRAINING                               NEUROMUSCULAR RE-EDUCATION
- HOME TENS/NMES                           SPINAL STABILIZATION EXERCISES
- MANUAL THERAPY                           THERAPEUTIC EXERCISES
- MODALITIES                                   TRACTION
- WOUND CARE                                   WOUND DRESSING
- DEBRIDEMENT
  
- MEDICAID PATIENTS ONLY:** THSteps CURRENT OR DEVELOPMENT TEST PERFORMED WITHIN LAST 60 DAYS

***I CERTIFY THE ABOVE TREATMENT IS  
MEDICALLY REASONABLE AND NECESSARY***

PROVIDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PROVIDER'S PRINTED NAME \_\_\_\_\_

PROVIDER'S OFFICE PHONE NUMBER \_\_\_\_\_

PROVIDER'S OFFICE FAX NUMBER \_\_\_\_\_