



MISSION
PHYSICAL REHABILITATION

www.MissionPhysicalRehabilitation.com

1604 & CULEBRA
6511 W. Loop 1604 N., Suite 117
San Antonio, TX 78254
T: 210-201-0185 F: 210-688-9228

CIBOLO-SCHERTZ
232 Brite Road, Suite 113
Cibolo, TX 78108
T: 210-566-1269 F: 210-566-1265

EAST SOUTHCROSS
(Aquatic Therapy)
3875 E. Southcross, Suite B
San Antonio, TX 78222
T: 210-337-7953 F: 210-337-7966

KIRBY
6658 Summerfest Dr., Suite 100
San Antonio, TX 78244
T: 210-858-8499 F: 210-880-4116

LIVE OAK *(Aquatic Therapy)*
12413 Judson Rd., #260
Live Oak, TX 78233
T: 210-656-7953 F: 210-656-7957

MEDICAL CENTER
(Aquatic Therapy)
2140 Babcock Rd., Suite 130
San Antonio, TX 78229
T: 210-614-7953 F: 210-614-4190

NEW BRAUNFELS
894 Loop 337, Suite C
New Braunfels, TX 78130
T: 830-609-2000 F: 830-606-4028

NOGALITOS
3110 Nogalitos, Suite 201
San Antonio, TX 78225
T: 210-534-7953 F: 210-534-6695

SEGUIN
1415 East Walnut St, Suite 500
Seguin, TX 78155
T: 830-240-2608 F: 830-240-2609

Patient Name: _____ Date: _____

Telephone#: _____ DOB: _____

Diagnosis: _____

- Frequency: 5x week 4x week 3x week 2x week 1x week
- Duration: 8 weeks 6 weeks 4 weeks 3 weeks 2 weeks

Precautions: _____

Consult: Evaluate & Treat

- Goals:** Increase R.O.M Decrease Pain Establish Home Exercise Program
- Increase Strength Decrease Edema Improve Function
- Increase Endurance Return to Work Other: _____

Therapeutic Exercise/Programs

- Aquatic Therapy
- McKenzie Program
- Flexion Program
- Functional Stabilizing Program
- Physical Conditioning
- Codman Exercises
- NDT/PNF
- Pilates/Core Stabilization
- Hand Therapy Program
- Pregnancy (Pre/Post Natal)
- Passive/Active R.O.M./Strengthening
- TMJ Dysfunction & TMD
- Vestibular Rehab
- Balance Rehab
- Fall Risk Assessment

Manual Therapy

- Soft Tissue Mobilization
- Joint Mobilization
- Manual Stretching
- Manual Traction
- Muscle Energy Technique
- Positional Release

Industrial Rehabilitation

- Work Conditioning
(Includes Pre & Post FCE)
- Work Hardening (Includes Pre & Post FCE)
- Back School/ Body Mechanics Training
- Injury Prevention Program
- Functional Capacity Evaluation (FCE)
- Impairment Rating

Modalities

- Ultrasound
- Electrical Stimulation
- Neuromuscular Re-Education
- Gait Training
- Iontophoresis/Phonophoresis
- TENS (Rental/Purchase)
- Hydrotherapy/Whirlpool
- McConnell Taping
- Orthotics
- Mechanical Traction, Cervical & Lumbar

Additional Instructions: _____

Follow-up appointment with Physician: _____

I certify the above treatment plan is medically necessary and approved by me.

Physician: _____

Signature: _____ Date: _____

Do not email prescription. The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



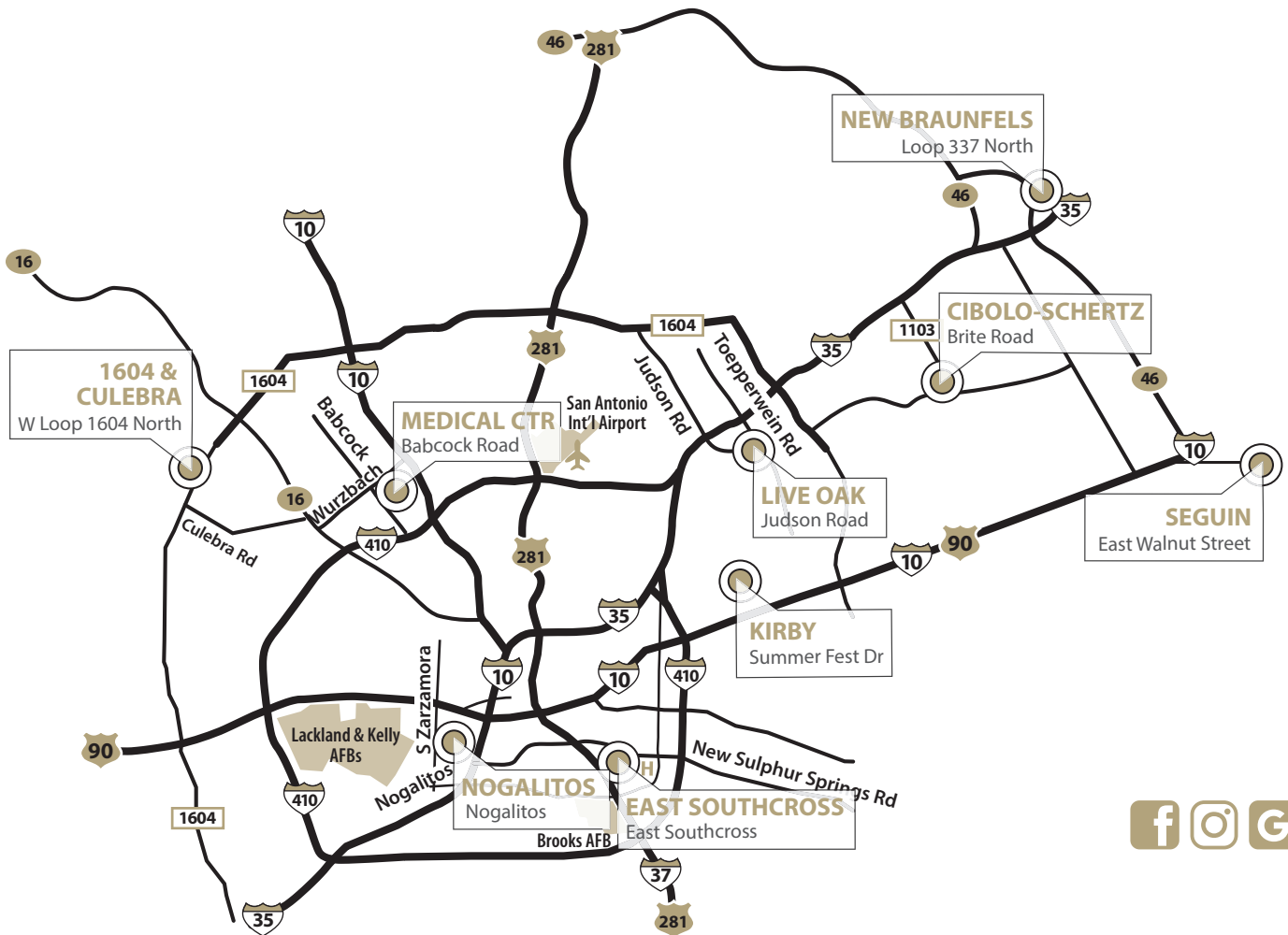
MissionPhysicalRehabilitation.com

Mission Physical Rehabilitation is featured on
PTandMe.com

An informational site for patients interested
in or considering physical, occupational, and/or hand therapy.

WE CAN'T WAIT TO TREAT YOU!

You can contact us at the location that is most convenient for you. **OR...**
We will contact you as soon as we receive your orders from your physician.



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