Fred Loeffler, PT, LAT, ATC
Owner / Director

747 E. County Line Rd., Suite A
Greenwood, IN 46143
Office: 317-881-6617
Fax: 317-881-6643
www.indyprocarept.com

Patient Name: ______________________ **Date:** ______________

Diagnosis: ______________________

Precautions: ______________________

Frequency: ______________ **times per week for** ______________ **weeks.**

☐ EVALUATE & TREAT

- ☐ **Manual Therapy**
  - ☐ Instrument-Assisted Soft Tissue Mobilization
  - ☐ Soft Tissue Mobilization
  - ☐ Joint Mobilization
- ☐ **Therapeutic Exercise**
  - ☐ Passive ROM
  - ☐ Active ROM
  - ☐ Active Assistive ROM
  - ☐ Progressive Resistive Exercise
  - ☐ Strengthening
  - ☐ Stabilization Program
  - ☐ Core Strengthening
  - ☐ Closed Chain Exercise
  - ☐ Posture/Body Mechanics
  - ☐ Home Exercise Program
- ☐ **Sports Specific Training / Rehab**
- ☐ **Modalities**
  - ☐ As Indicated
  - ☐ Ultrasound
  - ☐ Electrical Stimulation
  - ☐ Iontophoresis
  - ☐ Phonophoresis
  - ☐ Traction
- ☐ **Neuromuscular Re-education**
  - ☐ Balance / Proprioceptive Training
- ☐ **Vestibular Training**
- ☐ **Gait Training**
- ☐ **Work Conditioning**

☐ **Pre** ☐ **Post Operative Rehabilitation Protocol for** ______________________

Date of Surgery ______________________

☐ **Orthotic Fabrication & Fitting:** ______________________

☐ **Other:** ______________________

SPECIAL INSTRUCTIONS: ______________________

____

The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.

______________________ ______________

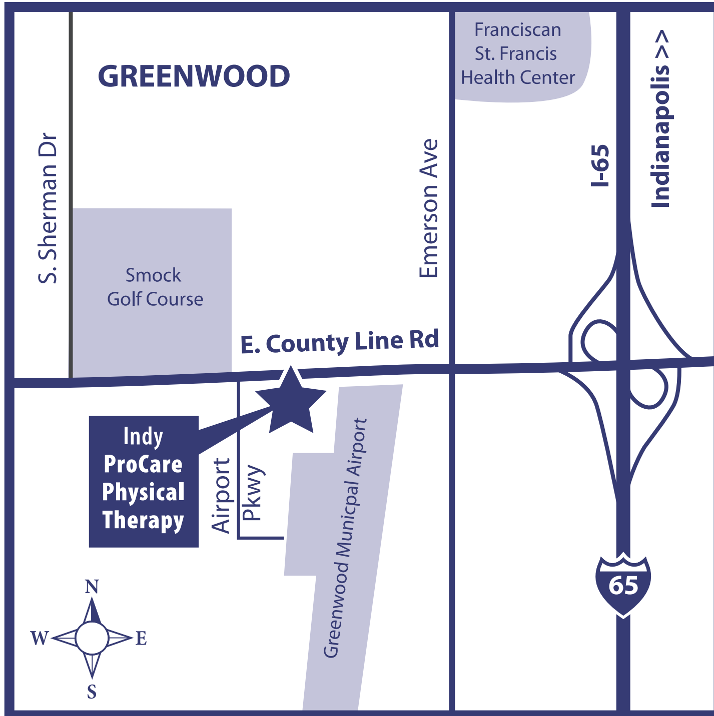
Physician's Signature: **Date:**

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.

Fred Loeffler, PT, LAT, ATC
Owner / Director

747 E. County Line Rd., Suite A
Greenwood, IN 46143
Office: 317-881-6617
Fax: 317-881-6643
www.indyprocarept.com

CONVENIENTLY LOCATED



JUST A REMINDER:
- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
- The evaluation (1st visit) usually lasts 1 hour.

WHAT TO WEAR:
- Please wear comfortable clothing.