

VISIONS PHYSICAL THERAPY OF YAZOO CITY

1212 Jerry Clower Boulevard
Yazoo City, MS 39194
Ph: 662-528-4964
Fax: 662-528-4966

Patient's Name : _____ Date: _____
Diagnosis : _____
Contraindications : _____
Patient's phone number: _____
Next Appt. with Physician : _____
Physician phone/fax number: _____

- P.T. EVALUATE AND TREAT
- O.T. EVALUATE AND TREAT
- MODALITIES AS INDICATED

SPECIFIC ORDERS REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Neck Program | <input type="checkbox"/> Ultrasound/Phonophoresis |
| <input type="checkbox"/> Back Program | <input type="checkbox"/> Electrical Stimulation |
| <input type="checkbox"/> Shoulder Program | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Elbow Program | <input type="checkbox"/> Heat or Cold |
| <input type="checkbox"/> Hand Program | <input type="checkbox"/> Cervical/Lumbar Traction |
| <input type="checkbox"/> Knee Program | <input type="checkbox"/> Soft Tissue Mobilization |
| <input type="checkbox"/> Total Knee/Hip Rehab | <input type="checkbox"/> Home Exercise Instructions |
| <input type="checkbox"/> Ankle Program | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Neuro Rehab | |
| <input type="checkbox"/> TMJ | |

Comments/Special Instruction: _____

FREQUENCY: DAILY 3x/Wk 2x/Wk Other

DURATION _____ Weeks

Physician's Signature: _____

ALSO SERVING YOU AT THE FOLLOWING LOCATIONS:

FLOWOOD, MS
601-664-1022
601-664-1076 (fax)

JACKSON, MS
601-923-9823
601-923-9824 (fax)

CANTON, MS
601-859-1707
601-859-1757 (fax)