



1972 ORMOND BLVD., STE. D
DESTREHAN, LA 70047
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Specializing in Women's Health

JEANIE M. DUFRENE, PT

Patient: _____

Diagnosis/ICD9: _____

Frequency: Daily _____ 2x Weekly _____ 3x Weekly _____

Weeks: 1 2 3 4 Other: _____

Special Instructions: _____

TREATMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Eval & Treatment | <input type="checkbox"/> Bladder Training | <input type="checkbox"/> Post Partum |
| <input type="checkbox"/> Pre Natal | <input type="checkbox"/> SI Mobilization | <input type="checkbox"/> Lumbar Pelvic Stabilization |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Pelvic Traction | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Home Program |
| <input type="checkbox"/> Home E-Stim | <input type="checkbox"/> Massage | <input type="checkbox"/> Functional Training |

Letter of Medical Necessity

DATE: _____ PHYSICIAN'S SIGNATURE _____