



www.rrrpt.com

Specializing in Spine, Orthopedic, and Sports Physical Therapy

Luling

12371 Highway 90, STE D
Luling, LA 70070
FAX (985) 331-1005
(985) 331-1001

Destrehan

1972 Ormond Blvd. STE D
Destrehan, LA 70047
FAX (985) 307-0826
(985) 307-0925

BRYAN M SOULIE, P.T.

Patient: _____

Phone #: _____

Diagnosis/ICD9: _____

Frequency: Daily 2x Weekly 3x Weekly Weeks: 1 2 3 4

Special Instructions: _____

TREATMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Eval & Treatment | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Sport Specific Training |
| <input type="checkbox"/> Moist Heat | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Work Re-conditioning |
| <input type="checkbox"/> Paraffin | <input type="checkbox"/> Massage | <input type="checkbox"/> Neck-Back School |
| <input type="checkbox"/> Cold Pack | <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Orthotics-Bracing |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Pelvic Traction | <input type="checkbox"/> Home E-Stim |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Home Cervical Traction |
| <input type="checkbox"/> Home Lumbar Traction | <input type="checkbox"/> Resistive Exercise | <input type="checkbox"/> Home Program |

DATE: _____ PHYSICIAN'S SIGNATURE: _____

Letter of Medical Necessity