



P.O. Box 190996  
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## VERBAL ORDER

**TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

*Dear Doctor,  
 The orders below are forwarded for your signature to authorize your orders given on the date indicated. Please sign and return promptly either by mail or fax. Thank you for allowing us to provide services to your patient.*

DISCIPLINE	SERVICE AND TREATMENT ORDERED
<i>PT</i>	<i>Please verify the order for the following Physical Therapy treatment indicating treatment diagnosis, precautions to be observed, treatment desired, frequency of treatments, and:</i>
	<i>Thank you</i>

**DIAGNOSIS:** \_\_\_\_\_

**PRECAUTIONS TO BE OBSERVED:** \_\_\_\_\_

### TREATMENT DESIRED

- EVALUATE AND TREAT                       MEDICAL EVALUATION  
 (Or limit treatment to below)

PROCEDURES/MODALITY

- Therapeutic Exercises
- Manual Mobilization Techniques
- Iontophoresis
- Phonophoresis
- Ultrasound
- Paraffin Bath
- Hot/Cold Packs
- Electrotherapy

EXERCISES

- Passive
- Active
- Active with assistance
- Resistive
- Postural
- Isokinetic
- Traction
- Cardiac Rehabilitation

GAIT TRAINING

- Gait Training
- Balance Training
- Transfer Training
- Prosthetic Training
- Crutches
- Cane
- Walker
- Muscle Re-education

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**SIGNATURE/TITLE AND DATE OF DISCIPLINE ACCEPTING ORDERS:** \_\_\_\_\_

**I CONFIRM ISSUANCE OF THE ABOVE VERBAL ORDER:** \_\_\_\_\_