

NEUROMUSCULAR THERAPY CENTER, INC.

PRESCRIPTION REFERRAL FORM

Innovative Therapies for Pain Relief and Injury Rehabilitation

Please use this referral form to assure proper insurance coverage for your patient.

Physician: Please complete and sign this form. Send by fax or with the patient.

REFER TO THIS OFFICE:

- | | | | |
|--------------------------|---|----------------------------|----------------------------|
| <input type="checkbox"/> | 3943 Clark Road - Sarasota | Tel: (941) 926-3363 | Fax: (941) 926-3342 |
| <input type="checkbox"/> | 501 N. Beneva (Suite 600) - Sarasota | (941) 906-9996 | (941) 906-1099 |
| <input type="checkbox"/> | 7311 Merchant Ct. - Lakewood Ranch | (941) 907-0167 | (941) 907-8280 |

We're moving our Ellenton office to a new location. Open Sept 1 -- Tel: (941) 721-7980

Physician's Name: _____ Date: _____ Fax: _____

Patient's Name: _____ Diagnosis: _____

Based on a required physician visit, I certify the treatment as being medically necessary for the patient under my care. This prescription also authorizes relevant treatment to multiple body areas unless otherwise indicated, and affirms that the patient is not under care of a home health agency.

- Contact patient for appointment: Patient phone: _____ Best time: AM PM
- Pain Management Program (includes PT / OT / NMT / CST / HEP)
- Cancer Related Fatigue Program (CRF) (PT / OT / NMT / CST / HEP)
- Evaluate and Treat (PT / OT / NMT / CST/ HEP)
- Continue Treatment
- Other Instructions _____

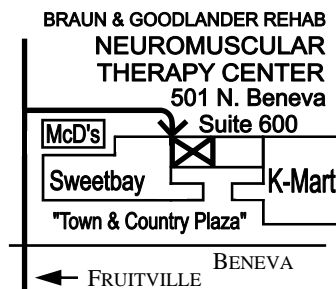
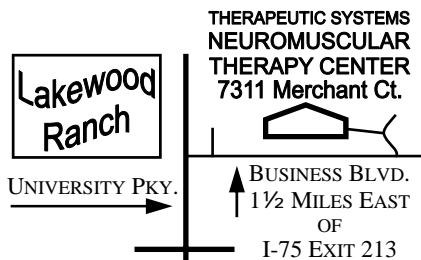
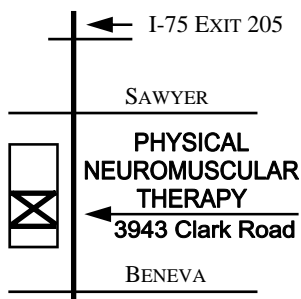
Specialized therapies for the following conditions:

- | | |
|------------------------|-----------------------------|
| ARTHRTIS | MASTECTOMY |
| AUTOMOBILE ACCIDENTS | MYOFASCIAL PAIN |
| BACK PAIN | NEUROPATHY |
| BALANCE IMPAIRMENTS | POST SURGICAL REHAB |
| BURSITIS | PREGNANCY MASSAGE |
| CANCER RELATED FATIGUE | RSD (CRPS) |
| CARPAL TUNNEL | SCIATICA |
| CERVICAL (NECK) PAIN | SCOLIOSIS |
| CVA (STROKE) | SHOULDER PAIN / INSTABILITY |
| DYSTONIA | SPONDYLOSIS |
| FIBROMYALGIA | SPORTS INJURIES |
| FOOT PAIN | STENOSIS |
| HEADACHES | TENDONITIS |
| HIP AND LEG PAIN | TMJD |
| JOINT REPLACEMENT | WHIPLASH |
| LYMPHATIC DRAINAGE | WORKERS' COMP. |

Frequency: _____ times a week for _____ weeks.

Precautions: _____

Physician Signature: _____



Thank you for choosing our therapy center.
Save time - our intake forms are available online at
www.physical-therapy-center.com

*Watch for new locations in Bradenton and Ellenton opening fall 2008.