



PHYSICAL/OCCUPATIONAL THERAPY PRESCRIPTION/ORDER

Ph 423-251-4742

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300 Clinchfield Street
Suite 320
Kingsport, TN. 37660

508 Princeton Road
Suite 305
Johnson City, TN. 37601

PLEASE INCLUDE PATIENT DEMOGRAPHICS AND INSURANCE CARD WITH YOUR FAX

Name: _____ DOB: _____ EPIC MR# (if applicable) _____

Diagnosis

- Peripheral neuropathy/CIPN
- Pelvic floor dysfunction (male and female) Incontinence/bladder/prostate/GYN (PT only)
- Cancer related fatigue/generalized muscle weakness
- Falls history/fall risk/balance deficits
- Lymphedema
- Chemo induced cognitive impairment/Radiation induced cognitive decline (Chemo/Rad brain) (OT only)
- Radiation Fibrosis
- Other _____

Treatment

- Evaluate and Treat (Full assessment, provide treatment plan)
- Pre/Post-treatment Assessment
- Cold laser therapy
- Strengthening due to cancer
- Lymphedema Treatment
- Lymphedema surveillance (Breast, Melanoma, Head and Neck)
- Lung CA pulmonary rehabilitation, Thoracic/lung surgery prehabilitation
- Cognitive Training (OT only)
- ROM
- ADL Training (OT only)
- Other _____

Provider Signature _____ Date _____

Printed name _____