

Ganfield Therapeutics
Physical Therapy/
Occupational Therapy



Patient

Date

Diagnosis

ICD-9 Code

Precautions

Treatment Plan for:

Comprehensive Myofascial Release

- Evaluate and Treat
- Continue Treatment
- Treatment Sessions X 10 _____ 15 _____ Other _____
- Frequency of Treatment 1 2 3 4 5 days/week
- Exercise _____

- | | Active | Passive | Resistive |
|---|--------|---------|-----------|
| <input type="checkbox"/> Neuromuscular Re-education | | | |
| <input type="checkbox"/> Modalities | | | |
| <input type="checkbox"/> Hot Packs / Cryotherapy | | | |
| <input type="checkbox"/> Paraffin bath | | | |
| <input type="checkbox"/> Ultrasound with or without cortizone | | | |
| <input type="checkbox"/> Iontophoresis | | | |
| <input type="checkbox"/> TENS | | | |
| <input type="checkbox"/> Home Program | | | |
| <input type="checkbox"/> Splint (describe) _____ | | | |
| <input type="checkbox"/> Other _____ | | | |

Physician Name

address

phone

fax

Physician Signature

By prescribing, the attending physician has determined it to be Medically Necessary.

GANFIELD
THERAPEUTICS

1125 N. Delany Rd.
Gurnee, IL 60031

Lisa Ganfield, OTR/L, CHT
Licensed Occupational Therapist
Certified Hand Therapist
847-244-7070 847-244-7071 Fax