"The Patient Preferred Physical Therapy Providers"

☐ **Phoenix**
Rehab Plus
4201 E. Thomas Rd.
Phoenix, AZ 85018
Phone: 602-954-7742
Fax: 602-955-2229
www.rehabplusaz.com

☐ **Ahwatukee**
Rehab Plus
4730 E. Warner Rd.
Phoenix, AZ 85044
Phone: 480-785-5415
Fax: 480-785-5761
www.rehabplusaz.com

☐ **Scottsdale**
Rehab Plus
10115 E. Bell Rd., B101
Scottsdale, AZ 85260
Phone: 480-419-3500
Fax: 480-419-3522
www.rehabplusaz.com

☐ **Gilbert/Chandler**
Carling Physical Therapy
725 W. Elliot, Suite 103
Gilbert, AZ 85233
Phone: 480-892-2428
Fax: 480-892-2418
www.carlingphysicaltherapy.com

☐ **Tempe/Mesa**
Petersen Physical Therapy
1844 E. Baseline Rd.,
Suite C-5
Tempe, AZ 85282
Phone: 480-833-1005
Fax: 480-833-1312
www.petersenims.com

☐ **City of Maricopa**
Petersen Physical Therapy
21300 N. John Wayne Pkwy.
Suite 125
Maricopa, AZ 85139
Phone: 520-568-2723
Fax: 520-568-2865
www.petersenims.com

☐ **East Mesa**
Inglish Physical Therapy
4545 E. Southern Ave, Suite 109
Mesa, AZ 85206
Phone: 480-981-1201
Fax: 480-981-8440

Please Call Or Fax To Make Your Appointment

To optimize your healing, it is important to keep all your scheduled appointments

Date: _____ Patient Name:_____
Patient Phone: _____ Dx:_____
ICD-9 Code: _____

☐ Evaluate & Treat
☐ ASTYM
☐ Anodyne Therapy
☐ Massage Therapy
☐ Orthopeadic Physical Therapy
☐ Ergonomics
☐ Pediatrics
☐ Orthotics
☐ Sports Therapy
☐ Vestibular Rehabilitation (Tempe, Gilbert, City of Maricopa, & East Mesa locations)
☐ Cold Laser(Gilbert, Ahwatukee, & Phoenix Location)
☐ FCE(Functional Capacity Evaluations)
☐ Aquatic Therapy (Scottsdale & Gilbert Locations)

Notes:

Treatment Plan: ☐ Therapist Discretion

Frequency & Duration 1 2 3 4 times per week for _____ weeks.

All the above treatment is medically necessary and indicated for this diagnosis.
Referral for physical therapy/document of medical necessity.

Signature: _____