

**SPORTS MEDICINE &
REHAB SERVICES**

- Blacksburg**
825 Davis Street, Suite B
Blacksburg, VA 24060
540.552.5100 *T*
540.552.5700 *F*
- Christiansburg**
115 Akers Farm Rd. NE
Suite 1
Christiansburg, VA 24073
540.381.9100 *T*
540.381.9102 *F*
- Dublin**
5255 Alexander Road
Dublin, VA 24084
540.307.4249 *T*
540.674.4094 *F*
- Pearisburg**
154 Kinter Way, Suite A
Pearisburg, VA 24134
540.921.5200 *T*
540.921.5100 *F*
- Radford**
600-A East Main Street
Radford, VA 24141
540.633.0413 *T*
540.633.0416 *F*
- Roanoke**
4600 Brambleton Avenue
Suite B
Roanoke, VA 24018
540.774.0729 *T*
540.774.0862 *F*
- Salem**
2119 Apperson Drive
Salem, VA 24153
540.685.0168 *T*
540.685.0169 *F*
- West Blacksburg**
920 Plantation Rd., Ste 100
Blacksburg, VA 24060
540.951.0742 *T*
540.951.0743 *F*

Patient Name: _____

Date: _____

Diagnosis: _____

Precautions/Comments: _____

Evaluate & Treatment PT OT

Frequency/Duration: _____ x's per week for _____ weeks

TREATMENTS

- ACL Protocol
 - Biodex Isokinetic Testing
 - KT-1000
- Progressive Therapeutic Exercise
- Endurance/Conditioning
- AROM
- PROM
- Joint Mobilization
- Neuro-Muscular Re-Education
- Proprioceptive Training
- Gait Training
- Taping
 - Ankle/Foot
 - Patellofemoral
 - Scapular
 - Elbow/Wrist
- Functional Bracing
- Shoulder/Scapular Stabilization
- Vestibular Rehabilitation
- Work Hardening
- Mechanical Traction

MODALITIES

- Ultrasound
- Electrical Stimulation
- Cryotherapy
- Whirlpool
- Phonophoresis
- Iontophoresis
- TENS
- Contrast Bath

EDUCATION

- Home Exercise Program
- Back Education
- Functional Activities
- Body Mechanics/Posture

Other: _____

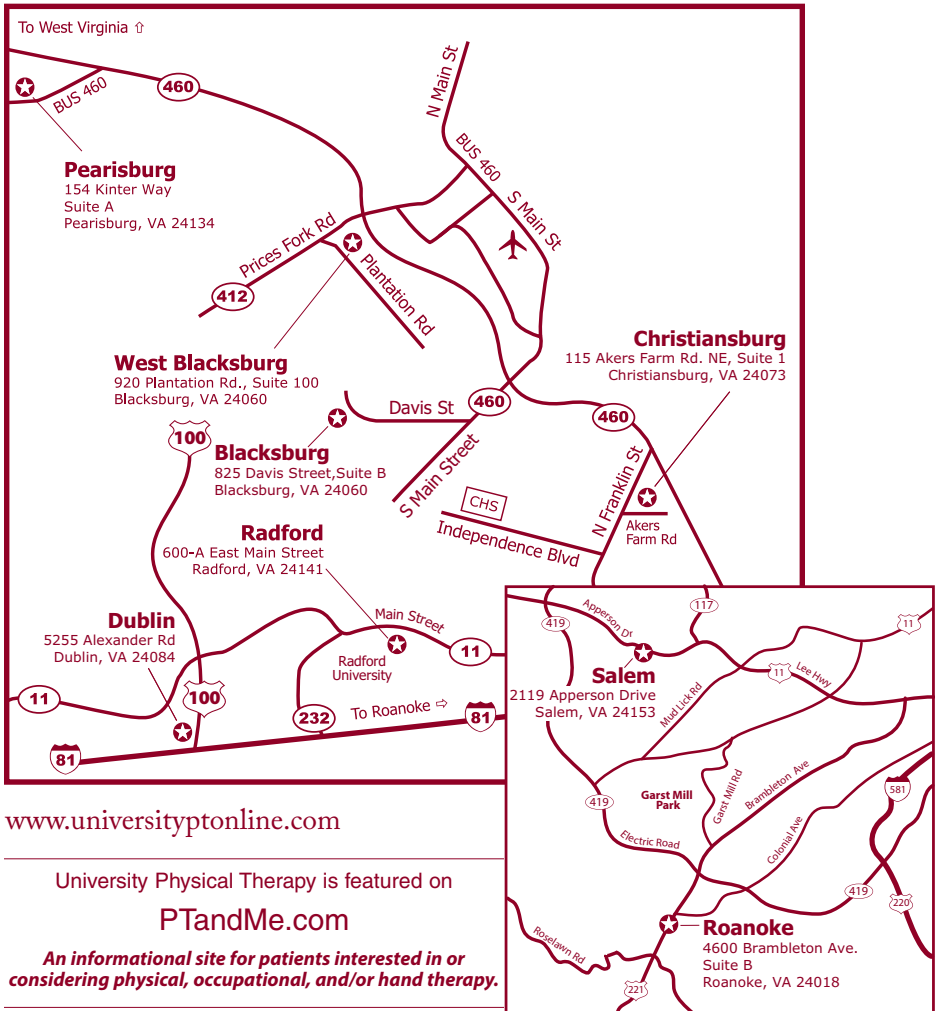
Special Instruction: _____

I hereby certify these services as medically necessary for the patient's plan of care.

Physician Signature _____

Date _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



www.universityptonline.com

University Physical Therapy is featured on

PTandMe.com

An informational site for patients interested in or considering physical, occupational, and/or hand therapy.

Just A Reminder

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete necessary paperwork.
- Evaluations (1st visit) usually last 1 to 2 hours.

What To Wear

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

What To Bring (Insurance Cards)

Appropriate insurance cards, photo ID and referral orders from physician for physical therapy.