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Anderson, SC 29621



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DrivenPTSC.com

**Tim Drew, PT, DPT**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Diagnosis/Tx Area: \_\_\_\_\_

Frequency/Duration: \_\_\_\_\_

Physical Therapy Services Needed Per Physician:

- |                       |                   |                  |                        |
|-----------------------|-------------------|------------------|------------------------|
| Evaluate and Treat    | Gait training     | Manual Therapy   | Ultrasound             |
| Home Exercise Program | Balance Training  | Dry Needling     | Electrical Stimulation |
| Therapeutic Exercise  | Postural Training | Vestibular Rehab | Iontophoresis          |
| ACL Injury Prevention | Arm Care Program  | Sports Rehab     | Traction               |

Other/Comments:

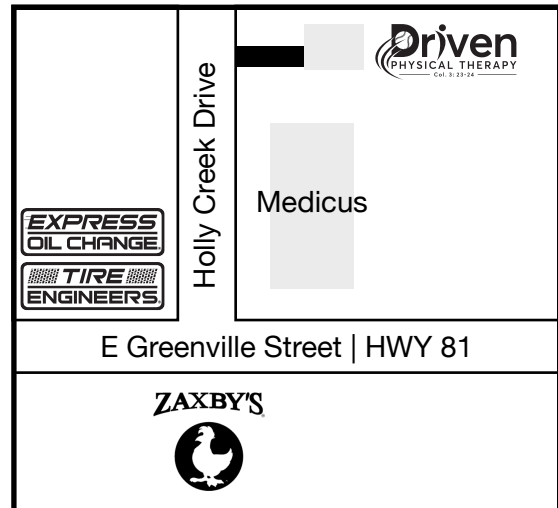
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*I hereby certify that the above ordered services are medically necessary.*

Physician Signature: \_\_\_\_\_