



Pineywoods Physical Therapy

Move Better. Work Better. Play Better. Live Better.

Dr. Tad Scott PT, DPT

Dr. Jami Cooper, PT, DPT

Patient's Name _____ Date _____

Patient's Preferred Phone _____

Diagnosis _____

ICD-10/ICD-9 _____

Frequency/Duration _____

Evaluate and Treat

For specific treatments, check below:

Manual Therapy

Therapeutic Exercise

Vestibular Rehabilitation

Balance Training

Pre-Post Prosthetic Training

Wellness Program

Other Orders: _____

Specific Precautions: _____

Referring Provider Information:

Name (Print): _____

Signature: _____

Phone: _____

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