



ANCHORAGE

3400 LaTouche Street, Suite 200
Anchorage, AK 99508

Phone: 907.563.2122 - Fax: 907.563.2123

ANCHORAGE NORTH

360 Boniface Pkwy, 27A
Anchorage, AK 99504

Phone: 907.563.2141 - Fax: 907.563.2163

www.denalipt.com

Patient Name: _____

Patient Telephone: _____

Diagnosis: _____

Frequency/Duration: 1 2 3 4 5 Times/Week for _____ weeks

EVALUATE & TREAT

MODALITIES

Mechanical Traction
Ultrasound
Electrical Stimulation
Iontophoresis

MANUAL THERAPY

Soft Tissue Mobilization
Passive ROM
Mobilization/
Manipulation
Manual Traction

THERAPEUTIC

EXERCISE
Stretching
Stabilization Training
Endurance Training
Postural Training
AAROM-ARROM

VESTIBULAR & BALANCE

Special Instructions/Precautions: _____

I hereby certify that the above listed physical therapy modalities and procedures are medically necessary for treatment of this patient's diagnosis and condition.

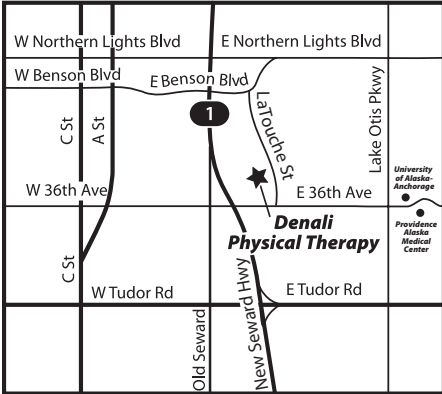
Provider Name: _____ Date: _____

Provider Signature: _____

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.



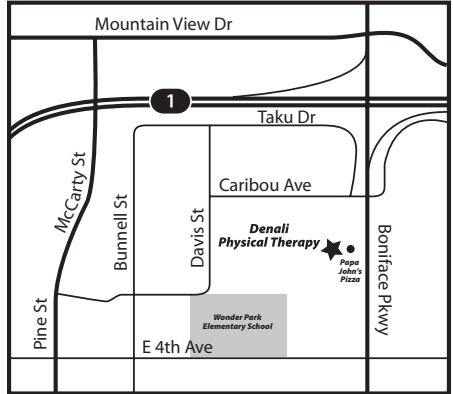
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JUST A REMINDER:

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

WHAT TO WEAR:

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