



PHYSICAL THERAPY PRESCRIPTION

- BERKLEY/ROYAL OAK**
28933 Woodward Ave.
Berkley, MI 48072
t 248-414-7592 f 248-414-7661
- DEARBORN**
23852 Michigan Ave.
Dearborn, MI 48124
t 313-565-4222 f 313-565-8703
- GROSSE POINTE WOODS**
20225 Mack Ave.
Grosse Pointe Woods, MI 48236
t 313-882-6419 f 313-882-6470
- MONROE**
1291 N. Telegraph Rd.
Monroe, MI 48162
t 734-243-0300 f 734-243-3066
- ROCHESTER HILLS**
1701 South Blvd. East, Suite LL35
Rochester Hills, MI 48307
t 248-853-4431 f 248-853-5048
- SOUTHGATE**
15245 Dix-Toledo Rd.
Southgate, MI 48195
t 734-284-6582 f 734-284-7085
- TRENTON**
1570 Kingsway Ct., Suite 2
Trenton, MI 48183
t 734-676-7400 f 734-676-5139
- TROY**
1920 Livernois, Suite C
Troy, MI 48083
t 248-362-2150 f 248-362-1702
- WATERFORD**
1187 West Huron Street
Waterford, MI 48328
t 248-977-4594 f 248-977-4597
- WEST BLOOMFIELD**
FARMINGTON HILLS
33340 W. 14 Mile Rd.
West Bloomfield, MI 48322
t 248-538-7607 f 248-538-7623



Patient Name _____ Date _____

Patient Phone Number _____

Diagnosis _____

Precautions: None Yes, explain _____

Frequency/Duration _____ per week for _____ weeks

EVALUATE & TREAT

- | | |
|--|---|
| <input type="checkbox"/> Moist Heat | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Ultrasound/Phonophoresis | <input type="checkbox"/> Work Conditioning |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Job Site Analysis |
| <input type="checkbox"/> Cold Packs | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> 30cc Dexamethasone 4mg/cc |
| <input type="checkbox"/> ROM-Active/Passive | <input type="checkbox"/> 10% Hydrocortisone Cream |
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Geriatric Therapy |
| <input type="checkbox"/> Vestibular Training | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Electrical Stimulation/TENS | <input type="checkbox"/> Pelvic Floor |
| <input type="checkbox"/> Massage/Myofascial Release | <input type="checkbox"/> Fall Risk Assessment |
| <input type="checkbox"/> Graston | <input type="checkbox"/> Wheelchair Assessment |
| <input type="checkbox"/> Traction-Cervical/Lumbar | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Patient Education | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Industrial Rehabilitation | _____ |

GOALS OF TREATMENT

- | | | |
|---|--|--|
| <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Decrease Pain | <input type="checkbox"/> Improve Gait |
| <input type="checkbox"/> Improve Function | <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Decrease Swelling |

I certify that I have examined the patient and therapy is necessary and these services will be provided while the patient is under my care.

PHYSICIAN'S SIGNATURE _____

DATE _____

Print Name _____ Phone Number _____



WORKING TO IMPROVE:



BY WORKING TO REMOVE:



SERVICES

Sports Medicine
Orthopedic Rehabilitation
Specialty Therapies
Chronic Pain Management
Hands-On Manual Therapy
Injury Prevention

TMJ
Fall Risk Assessment
Pediatrics
Post-Operative Rehabilitation
Musculoskeletal Pain
Joint Replacement Therapy

Industrial Rehabilitation
Workmans' Comp
FCE/Return to Work
Women's Health
Vestibular/Balance Training
Geriatric Therapy

INSURANCE GUIDE

- AARP
- AARP Medicare Advantage (PPO and HMO)
- Aetna (PPO and HMO)
- Aetna Better Health
- Aetna EPO
- Aetna Elect Choice
- Aetna POS
- Aetna Managed Choice POS
- Aetna Managed Care
- Aetna Medicare
- Aetna National Advantage
- Aetna Passport to Healthcare
- Aetna Choice POS II
- Aetna Select
- Aetna Signature Administrators
- Aetna Student Health
- Ambetter
- Apostrophe Health
- Ascension Blue Cross Tier 2
- Bardavon
- Blue Care Network
- Blue Care Network (POS)
- Blue Care Network Advantage
- Blue Care UofM Premier
- Blue Cross Blue Shield
- Blue Cross Anthem
- Blue Cross Complete
- Blue Cross Federal
- Blue Cross Out of State
- Blue Cross Smart Health (Tier 2)
- Champva
- Cigna
- Cofinity/PPOM
- Department of Veteran Affairs
- Department of Labor
- Ford Motor Work Comp
- Golden Rule
- HAP (Health Alliance Plan)
- HAP ASR
- HAP Senior Plus
- HAP Empowered
- HAP CareSource
- Health Net Veterans Choice
- Health Plus Commercial HMO
- Health Plus Commercial PPO
- Health Plus Medicare Advantage HMO
- Health Plus Medicare Advantage PPO
- Humana
- Humana Detroit HMO X
- Humana Gold
- Humana Group Medicare
- Humana Military
- McLaren HMO & POS
- McLaren Health Plan Commercial
- McLaren Health Plan Community
- McLaren Health Plan Medicaid
- McLaren Health Advantage (PPO)
- Medical Mutual (Monroe Clinic ONLY)
- Medicare
- Medicare Plus Blue
- Medrisk
- Meritain (through Aetna)
- Meridian Health
- Mutual of Omaha
- OneCall
- Optum Procura Network (work comp)
- Prime Health Services (PPO, Work comp, Auto, World Trade Center)
- Priority Health (PPO, HMO, Medicare Advantage and Medicaid/Michild)
- Self Pay
- Theramatrix
- Total Health Care (Select PPO only)
- Tricare - Standard
- Tricare - Prime
- Tricare Select
- UMR
- United Health Care
- United Health Care Compass
- United Health Care Core
- United Health Care Navigate
- United Health Care Dual Complete
- United Health Care Silver D Advantage Plus
- United Health Care Student Resources
- VA Choice
- Vehicle Claims (Auto insurance)
- WellCare (Dual Access-No Premium)
- Wellvana ACO
- Work Comp Claims
- ComplIQ Work Comp
- Ohio Work Comp Claims (Trenton and Monroe)

Payment plans and self pay available.

COMPLIMENTARY CONSULTATIONS AVAILABLE

www.advphysicaltherapy.com

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MAKE AN APPOINTMENT



MON-THURS 7AM-7PM • FRIDAY 7AM-5PM CONVENIENT HOURS - HOURS MAY VARY BY CLINIC