



# 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**  
*(Formerly Physical Therapy Specialists)*  
1845 Livernois  
Troy, MI 48083  
t **248-362-2150** f 248-362-1702
- WATERFORD**  
*(Formerly Hands On Physical Therapy)*  
1187 West Huron Street  
Waterford, MI 48328  
t **248-977-4594** f 248-977-4597
- WEST BLOOMFIELD**  
**FARMINGTON HILLS**  
33200 W. 14 Mile Rd., Suite 160  
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
- Aetna Better Health
- Aetna EPO
- Aetna Managed Care
- Aetna PPO
- Blue Cross Blue Shield
- Blue Cross Federal
- Blue Cross Out of State
- Blue Care Network Advantage
- Blue Cross Complete
- Blue Care Network
- Champva
- Cigna
- Cofinity/PPOM
- Department of Veteran Affairs
- Department of Labor
- Golden Rule
- HAP (Health Alliance Plan)
- HAP ASR

- HAP Senior Plus
- 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 Group Medicare
- McLaren Health Plan Commercial
- McLaren Health Plan Medicaid
- McLaren Advantage
- Medical Mutual (Monroe Clinic)
- Medicare
- Medicare Plus Blue
- Medrisk
- Meritain (through Aetna)
- Meridian Health
- Mutual of Omaha

- One Call
- Prime Health
- Priority Health (PPO, HMO, Medicare Advantage and Medicaid/Michild)
- Self Pay
- Theramatrix
- Total Health Care (Select PPO ONLY)
- Tricare- Standard
- Tricare- Prime
- UCS Theramatrix
- UHC-Dual Complete/Wellcare
- UMR
- United Health Care
- United Healthcare Community Plan
- United Health Care Compass
- United Health Care Core
- United Healthcare Navigate
- Vehicle Claims (Auto Ins)
- Work Comp Claims

*Payment plans and self pay available.*

## COMPLIMENTARY CONSULTATIONS AVAILABLE

[www.advphysicaltherapy.com](http://www.advphysicaltherapy.com)

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 appointment!**

**IN PERSON AND TELEHEALTH SERVICES OFFERED**



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