



Physical Therapy Prescription

Name:

DOB:

Contact Phone Number:

DOS:

Diagnosis / ICD-10:

Primary Insurance:

Secondary Insurance:

Services (*Please Circle*)

- | | |
|--------------------------------|--|
| 97163/ 97162/
97161 | Physical Therapy Evaluation and Treatment (High, Moderate, Low complexity) |
| 97110 | Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes) |
| 97140 | Manual therapy techniques (e.g., connective tissue massage, joint mobilization and manipulation, and manual traction) (15 minutes) |
| 97112 | Neuromuscular Re-education: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97530 | Therapeutic Activities/Kinetic |
| 97116 | Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)(15 minutes) |
| 92535 | Self-care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact (15 minutes) |
| 97164 | Re-evaluation of physical therapy established plan of care |

Frequency:

x week

weeks

Physician Print:

Date:

Physician Signature: