

McLaren Print System Order

Order No: 43338
Order Date: 2019-03-04
User: roman kinal
Phone: 248 922-6820

Ship Location: McLaren Oakland - Clarkston PT dept
5701 Bow Pointe Dr. Ste 310
Clarkston, mi 48346

Forms

Quantity: 10
Paragon Dept No: 8437
Dept Name: Clarkston PT and Sports Medicine
Company Number: 310

Order Total Price: 25.00

Item Number: MO-119
Item Description: Outpatient Therapy Script
Revision Date: 9/2018
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: ss; black; finished size 8.5x11, 50 sheets per pad

SAKILAND
OUTPATIENT SCRIPT
OUTPATIENT THERAPY

Place patient demographic label here
(ENCOUNTER#)

Clarkston
5701 Bow Pointe Dr. Ste 310
Clarkston, MI 48346
P: 248.922.6820
F: 248.922.6821

Grosse Pointe
380 N. Lapeer Rd
Grosse Pointe, MI 48271
P: 248.969.7360
F: 248.969.7368

Pontiac
1 North Perry St.
Pontiac, MI 48342
P: 248.338.5344
F: 248.338.5352

Physical Therapy Occupational Therapy (Pontiac) Speech Therapy (Pontiac)

Patient Name: _____ Date of Birth: _____
Diagnosis: _____
Frequency/Duration: _____ times per week for _____ weeks

Treatment Requested:
 Evaluate Patient, Develop Plan of Care, and Treat
 Manual Therapy
 Therapeutic Exercise
 Neuromuscular Re-Education
 Modalities (Please Circle): US EMS MechTx Iontr: _____
 Vestibular Retraining (Clarkston Only)
 Lymphedema/COT/MLD/Edema Control (Clarkston Only)
 Pelvic Floor Training (Clarkston Only)

Comments/Precautions: _____

Spec Info:

I Certify/verify the need for these services furnished under the plan of care.
Subject to review every 30 days.
Physician Signature: _____ date: _____ time: _____
Physician name printed: _____