

McLaren Print System Order

Order No: 44362  
Order Date: 2019-04-10  
User: Jennifer Teeling  
Phone: 248-338-5343

Ship Location: McLaren Oakland Physical Therapy  
1 N. Perry  
Pontiac, Michigan 48324

Forms

Quantity: 50  
Paragon Dept No: 0437  
Dept Name: Physical Therapy  
Company Number: 310

Order Total Price: 125.00

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     Grosse Pointe     Pontiac

1701 Rose Haven Dr. Ste 310    380 N. Lapeer Rd    1 North Perry St.  
Clarkston, MI 48346    Grosse Pointe Woods, MI 48371    Pontiac, MI 48342  
P: 248.922.8920    P: 248.969.7360    P: 248.338.5344  
F: 248.922.8921    F: 248.969.7368    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/necessity the need for these services furnished under the plan of care.  
Subject to review every 30 days.  
Physician Signature: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_  
Physician name printed: \_\_\_\_\_