

McLaren Print System Order

Order No: 42530
Order Date: 2019-02-01
User: Shaniqua Boyce
Phone: 248-709-8991

Ship Location: McLaren Cardiovascular Institute
5220 Highland suite 240
Waterford, Mi 48328

Forms

Quantity: 50
Paragon Dept No: 810
Dept Name: Patient Access
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 Park Dr. Ste 310 380 N. Lapeer Rd. 1 North Park Dr.
Clarkston, MI 48348 Grosse Pointe, MI 48271 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/CDT/M.D/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: _____