

McLaren Print System Order

Order No: 53122
Order Date: 2020-03-04
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: 20
Paragon Dept No: 8437
Dept Name: Clarkston PT and Sports Medicine
Company Number: 310

Order Total Price: 50.00

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

SAKLAND
OUTPATIENT SCRIPT
OUTPATIENT THERAPY

Place patient demographic label here
(ENCOUNTER#)

<input type="checkbox"/> Clarkston 5701 Bow Pointe Dr. Ste 310 Clarkston, MI 48346 P: 248.922.6820 F: 248.922.6821	<input type="checkbox"/> Grosse Pointe 380 N. Lapeer Rd Grosse Pointe Woods, MI 48271 P: 248.969.7360 F: 248.969.7368	<input type="checkbox"/> 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: _____