McLaren Business Products

**McLaren Print System Order**

**Order No: 8144**
**Order Date: 2015-01-12**
**User: Travis Summerville**
**Phone: 248-922-6820**

**Ship Location: Physical Therapy ATTN: Travis Summerville**
**5701 Bow Pointe Dr, Suite 310**
**Clarkston, MI 48346**
**Forms**
**Quantity: 500**
**Paragon Dept No: 8437**
**Dept Name: Physical Therapy**
**Company Number: 310**

**Order Total Price: 24.90**

**Item Number: M-17513-D**
**Item Description: Physical Therapy Treatment Flow Sheet**
**Revision Date: 3/2014**
**Print: 2 sided black and white**
**Paper: 20# White Text**
**Size: 8.5 x 11**
**Fold:**
**Finish:**
**Drill: 5 Hole Top**
**Misc Info:**

McLaren Oakland
PHYSICAL THERAPY TREATMENT FLOW SHEET

Evaluation Completed: ___/___/___

Diagnosis: _____ Precautions: _____

| Treatment | Date: __/__/__ | Date: __/__/__ | Date: __/__/__ | Date: __/__/__ | Date: __/__/__ | Date: __/__/__ |
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| Pt. Education Provided | | | | | | |
| Patient Understood To | | | | | | |
| Patient's Initials | | | | | | |

Therapist Signature: _____ Patient Signature: _____ Key: HEP = Home Exercise Program
Therapist Signature: _____ ↓ = Same as previous date
Therapist Signature: _____

McLAREN OAKLAND PHYSICAL THERAPY TREATMENT FLOW SHEET
M-17513-D page 1/2 2014

650