



OAKLAND
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

Oxford
385 N. Lapeer Rd
Oxford, MI 48371
P: 248.969.7360
F: 248.969.7368

Pontiac
1 North Perry St.
Pontiac, MI 48342
P: 248.338.5344
F: 248.338.5302

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 Ionto: _____
- Vestibular Retraining (Clarkston Only)
- Lymphedema/CDT/MLD/Edema Control (OT Pontiac Only)
- Pelvic Floor Training (Clarkston Only)

Comments/Precautions: _____

I Certify/recertify the need for these services furnished under the plan of care.

Subject to review every 30 days.

Physician Signature: _____ **date:** _____ **time:** _____

Physician name printed: _____