

**McLaren Print System Order**

**Order No: 72293 Reprint Previous Order No: 6547**  
**Order Date: 2022-09-12**  
**User: Ahmed Baig**  
**Phone: 5867184319**

**Ship Location: Flint Physical Therapy**  
**G-3239 Beecher Road**  
**Flint, 48532**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 38110**  
**Dept Name: Outpatient Therapy**  
**Company Number: 60**

**Order Total Price: 5.48**

**Item Number: M-1784 B**  
**Item Description: Physical, Occupational, or Speech Therapy Prescription**  
**Revision Date: 3/2021**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: Padded (50 Sheets Per Pad)**  
**Drill: None**  
**Misc Info:**

MCLAREN FLINT  
Form M  
PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY PRESCRIPTION

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

<input type="checkbox"/> <b>PHYSICAL THERAPY</b> Evaluation and Treatment <input type="checkbox"/> Therapeutic Exercise <input type="checkbox"/> Gait Training <input type="checkbox"/> Balance / Coordination Training <input type="checkbox"/> Functional Activities <input type="checkbox"/> Postural/Body Mechanics Instruction <input type="checkbox"/> Wheelchair Management <input type="checkbox"/> Orthotic/Prosthetic Training <input type="checkbox"/> Joint Mobilization <input type="checkbox"/> Aquatic Therapy (Flotation/DRIP) <input type="checkbox"/> ULVLT - BG treatment <input type="checkbox"/> Home Exercise Instruction	<input type="checkbox"/> <b>OCCUPATIONAL THERAPY</b> Evaluation and Treatment <input type="checkbox"/> Strengthening/Flexibility <input type="checkbox"/> Fine Motor Coordination <input type="checkbox"/> Activities of Daily Living <input type="checkbox"/> Self-Care/Home Management <input type="checkbox"/> Visual/Perceptual Training <input type="checkbox"/> Joint Mobilization <input type="checkbox"/> Joint Protection/Energy <input type="checkbox"/> ULVLT - BG treatment <input type="checkbox"/> Driving Assessment <input type="checkbox"/> Home Exercise Instruction	<input type="checkbox"/> <b>SPEECH THERAPY</b> Evaluation and Treatment <input type="checkbox"/> Bedside Swallowing Evaluation <input type="checkbox"/> Diagnostic Voice Evaluation <input type="checkbox"/> Alternative/Supplemental Communication Eval & Treat <input type="checkbox"/> Video/Audiotape Swallow Study <input type="checkbox"/> Voice Prosthetic Fitting & Treat <input type="checkbox"/> Aphasia Treatment <input type="checkbox"/> Higher Linguistic Integration Bell <input type="checkbox"/> ULVLT - LQUD treatment
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**MODALITIES**

<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Soft Tissue Mobilization	<input type="checkbox"/> Contrast Bath	<input type="checkbox"/> Ultrasound Igel
<input type="checkbox"/> Electrical Stimulation	<input type="checkbox"/> TENS	<input type="checkbox"/> Moist Heat	<input type="checkbox"/> JAW/UM/PLUK
<input type="checkbox"/> Phonopneumatics	<input type="checkbox"/> Traction	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Diathermy/Heat	<input type="checkbox"/> Paraffin		

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Noted Precautions if any: \_\_\_\_\_  
 \_\_\_\_\_

Physician's name (printed): \_\_\_\_\_  
 Physician's signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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