

Physical/Occupational Therapy Prescription

Code:

Name:		
Date of Birth	:	
Diagnosis :		
Procedure:		
Surgery Date	:	
Instructions: PT TO BEGIN AFTER		
Range of motion:		
Strengthenin	ıg:	
Limitations:		
Modalities:		
Frequency:	2-3 times/week	
Duration:	6 weeks starting	

Signature:

Daniel Acevedo MD

Date:

WWW.ACEORTHOINSTITUTE.COM