



Mansura Clinic
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Mansura, LA 71350
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Your rehabilitation partner.

Alexandria Clinic
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Alexandria, LA 71303
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For insurance purposes, this document shall serve as a statement of medical necessity for therapy rendered to the individual referenced below.

Patient Name: _____ Date: _____

Diagnosis: _____

Special Precautions: _____

Treatment per week: _____ For: _____ week(s)

MODALITIES

- HOT PACK
- COLD PACK
- ULTRASOUND
- MASSAGE
- ELECTROGALVANIC
- STIMULATION
- FUNCTIONAL ELECTRICAL STIMULATION
- CONTRAST BATH
- PARAFFIN
- WHIRLPOOL
- TENS
- MECHANICAL TRACTION
- BURN/WOUND CARE
- PHONOPHORESIS**/IONTOPHORESIS***

**needs script for 10%
Hydrocortisone Cream

*** needs script for dexamethasone
sodium phosphate 4MG/ML INJ

EVALUATE & TREAT

- CERVICAL PROGRAM
- THORACIC PROGRAM
- LUMBAR PROGRAM
- PELVIC GIRDLE PROGRAM

EVALUATE & TEST

- CERVICAL MOBILIZATION
- THORACIC MOBILIZATION
- LUMBAR MOBILIZATION
- PELVIC/SI MOBILIZATION
- STRETCHING PROGRAM
- NEURO RE-EDUCATION

EXERCISES

- CERVICAL STRENGTHENING/STABILIZATION
- THORACIC STRENGTHENING/STABILIZATION
- LUMBAR STRENGTHENING/STABILIZATION
- PELVIC GIRDLE STABILIZATION
- KNEE/QUAD REHAB
- NEURO RE-EDUCATION
- GAIT TRAINING
- PRE'S
- ACTIVITIES OF DAILY LIVING
- AEROBIC CONDITIONING
- WORK CONDITIONING

Comments: _____

Physician's Signature
(See map on Reverse Side)