



**Mansura Clinic**  
 7406 Hwy 1, Suite 102  
 Mansura, LA 71350  
 Ph: 318-240-7680  
 Fax: 318-240-7681

*Your rehabilitation partner.*

**Alexandria Clinic**  
 4501 Jackson Street, Suite B  
 Alexandria, LA 71303  
 Ph: 318-704-0710  
 Fax: 318-704-0711

**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)