

Eunice

101 South Second Street Eunice, LA 70535

Fax: (337) 546-1207 Phone: (337) 546-1944



Carencro

204 East St. Peter Street Carencro, LA 70520

Fax: (337) 565-6003 Phone: (337) 896-6686

Lake Charles

4451 Nelson Road

Lake Charles, LA 70605

Fax: (337) 564-5028

Phone: (337) 564-5027

Grand Coteau

1506 I-49 N. Service Rd. Grand Coteau, LA 70541

Fax: (337) 662-5178

Phone: (337) 662-7200

Jennings

2002 Johnson Street, Ste 100 Jennings, LA 70546

Fax: (337) 824-4548

Phone: (337) 824-4547

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

Patient Name: _____ Phone: _____ Date: _____

EVALUATE AND TREAT Treatment per week: _____ For: _____ week(s)

Diagnosis: _____

Procedure/Precautions: _____

- PROTOCOL ATTACHED
- FACE SHEET ATTACHED

Modalities

- HOT / COLD PACK
- ULTRASOUND
- MASSAGE
- WOUND CARE*
- ELECTRICAL STIMULATION
- HIVAMAT
- CONTRAST BATH
- WHIRLPOOL
- PARAFFIN
- TENS
- JOBST PUMP
- MECHANICAL TRACTION
- ANODYNE*
- PHONOPHORESIS**/IONTOPHORESIS***

* *needs script for 10% Hydrocortisone Cream

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

**Availability of service will vary by location.*

Manual Therapy

- MANUAL THERAPY
- MOBILIZATION
- STRETCHING PROGRAM
- NEURO RE-EDUCATION
- DRY NEEDLING*
- GUA SHA TECHNIQUE*
- COMPRESSION/VOODOO WRAP*
- KINESIO TAPING*

Home Use

- TENS + INSTRUCTION
- OVER DOOR TRACTION
- HOME TRACTION UNIT
- ASSISTIVE DEVICE
- ORTHOTICS
- SPLINT
- HOME PROGRAM INSTRUCTIONS SPECIFY _____

Evaluate & Treat

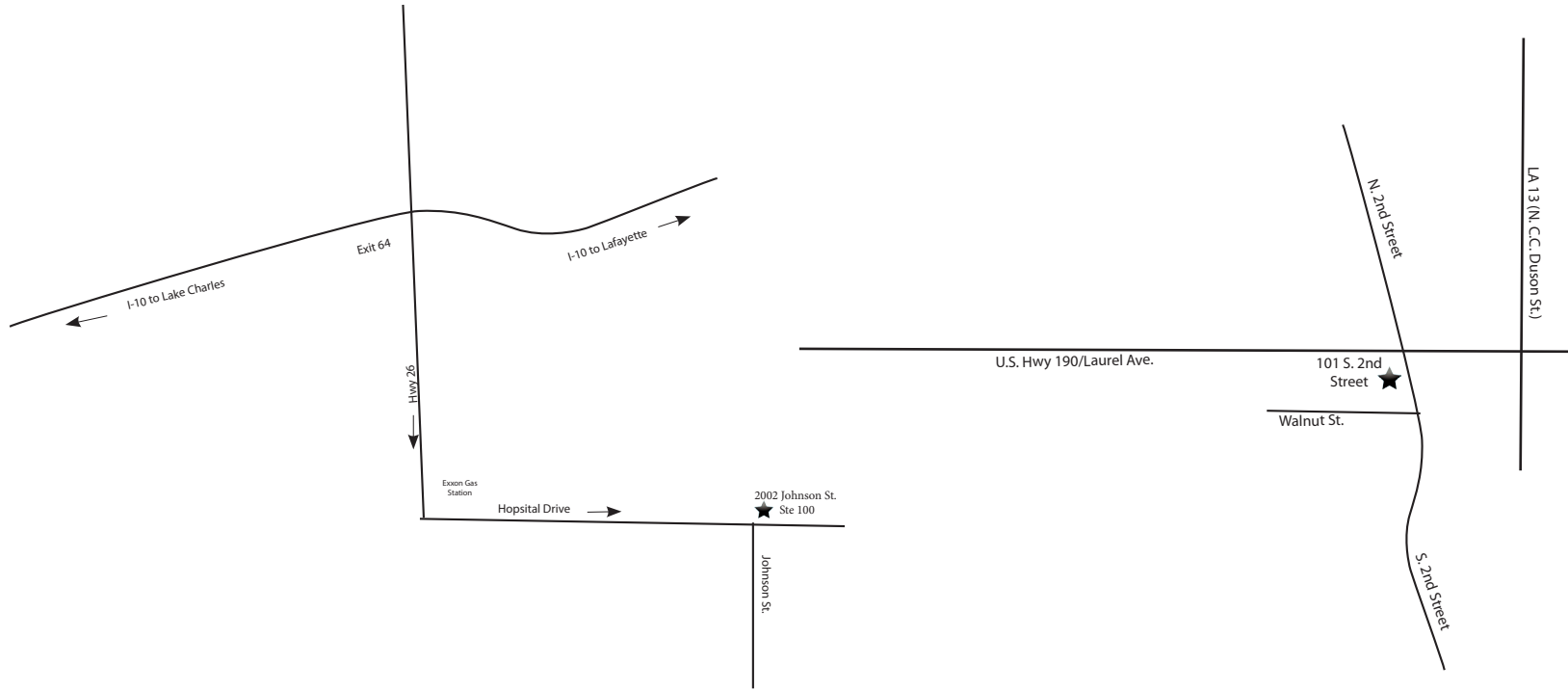
- STRENGTH/STABILIZATION _____
- CORE STABILITY/STRENGTHENING
- NEURO RE-EDUCATION
- POSTURAL EXERCISES
- GAIT TRAINING
- AEROBIC/WORK CONDITIONING
- TMJ
- AQUATIC THERAPY*
- VESTIBULAR TRAINING/VERTIGO*
- HOME EXERCISE PROGRAM
- FUNCTIONAL CAPACITY EVALUATION*
- OT*
 - ADL TRAINING
 - FINE MOTOR
 - NEURO RE-EDUCATION
 - STRENGTH/STABILIZATION
- ST*
 - SPEECH/LANGUAGE/COMMUNICATION
 - DYSPHASIA NMES MBS
 - APHASIA
 - COGNITION

Comments: _____

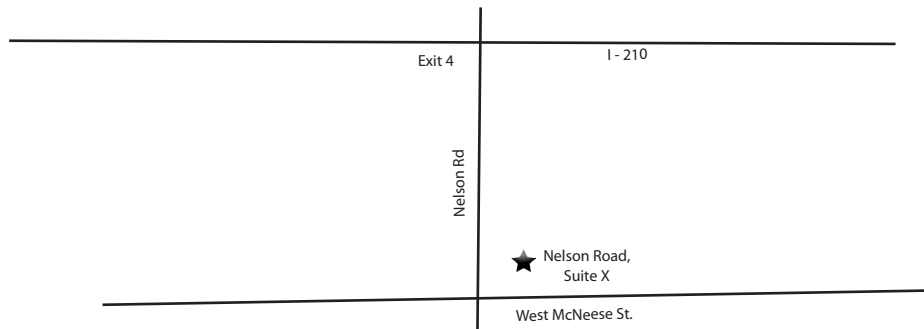
Physician's Signature
(See map on Reverse Side)

Directions to Jennings Clinic

Directions to Eunice Clinic



Directions to Lake Charles Clinic



Directions to Carencro/Grand Coteau Clinics

