

\*Keller/Haslet/Alliance  
4120 Heritage Trace Parkway, Ste. 220  
Keller, Texas 76244



\*North Richland Hills/Hurst  
5060 Davis Blvd.  
North Richland Hills, Texas 76180

817-498-8585 • Fax 817-727-4319

Fossil Creek/Saginaw/Blue Mound  
2720 Western Center Blvd., Ste. 312 • Fort Worth, Texas 76131

\*Castle Hills/Carrollton/Frisco  
1600 FM 544 • The Colony, TX 75056

Northwest Keller/Trophy Club/Southlake  
816 Keller Pkwy., Ste. 200 • Keller, Texas 76248

**\*Aquatics/Hydroworx® Underwater Physical Therapy Offered at these Locations**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Telephone Number \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD-10 \_\_\_\_\_

Precautions or Special Instructions \_\_\_\_\_

Evaluate and Treat  Continue Therapy Recommended Frequency \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

### Sports Medicine / Special Programs

- ACL Protocol
- Rotator Cuff Protocol
- Balance Training
- Sportsmetric Testing/Training
- Pilates/Spine Stabilization
- Core/Plyometric Training
- Vestibular Rehabilitation
- Pre and Post Natal Program

### Aquatics

- Aquatics/Hydroworx® Underwater Treadmill

### Modalities

- Dry Needling
- Graston®
- Ultrasound/Combo
- Traction/Home Traction
- Soft Tissue/Joint Mobilization
- Kinesotaping
- Ionto/Phonophoresis
- Neuromuscular Electrical Stimulation

I certify that this patient is under my care. The physical therapy services prescribed by me are medically necessary and in accordance with a plan established and periodically reviewed by me.

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

