DESERT HAND AND PHYSICAL THERAPY

New Patient Scheduling Line & Fax

Tel: 602-231-8511 Fax: 602-279-6934

Patient Name _____ DOB _____

Patient Phone _____ Date _____

Diagnosis _____

Frequency: 1 2 3 4 5 x per week Duration: 1 2 3 4 6 weeks

PRIMARY EMPHASIS OF TREATMENT

- ☐ Evaluate and treat
- ☐ Evaluation only
  - sensory
  - manual muscle test
- ☐ Remobilization
- ☐ Wound Care
- ☐ Desensitization
- ☐ Strengthening
- ☐ Pain Control
- ☐ Edema Control
- ☐ Scar Management
- ☐ TMJ (Chandler)
- ☐ Vestibular (Chandler)
- ☐ Other

SPECIFIC MODALITIES

- ☐ Per Therapist's Discretion
- ☐ Heat / Ice
- ☐ TENS
- ☐ Iontophoresis
- ☐ Ultrasound
- ☐ Whirlpool
- ☐ Paraffin
- ☐ Other

SPECIFIC PROCEDURES

- ☐ Active ROM
- ☐ Active Assisted ROM
- ☐ Passive ROM
- ☐ Resistive ROM
- ☐ Active Use
- ☐ Dystrophile Program
- ☐ Other

CUSTOM / PRE-FAB ORTHOSES

ELBOW

- ☐ Hinged Elbow
- ☐ Long Arm
- ☐ Muenster
- ☐ Sugar Tong
- ☐ Biceps

WRIST

- ☐ Gauntlet
- ☐ Neutral/Cock-up
- ☐ Thumb Spica
- ☐ Dynamic F/E
- ☐ Dynamic Forearm

HAND

- ☐ Duran / Kleinert
- ☐ Finger Tip
- ☐ Short Opponens
- ☐ Figure 8
- ☐ Forearm Based Fx
- ☐ Hand Based Fx
- ☐ Joint Jack
- ☐ Finger Ext.
- ☐ Dynamic F/E

Specify other: _____

I hereby certify that a licensed physical/occupational therapist may perform evaluations, modalities and procedures that are medically necessary for treatment of this patient's diagnosis and condition.

Print Physician's Name: _____

Physician's Signature: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hard-copy that may be faxed, mailed or hand delivered to the clinic.

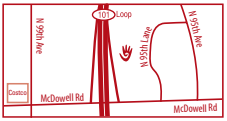
NOV 2021

DESERT HAND AND PHYSICAL THERAPY

ARCADIA

Physical Therapy & Hand Therapy
3104 E Indian School Rd
Suite 200A
Phoenix, AZ 85016
Phone: (602) 955-2302
Fax: (602) 955-2691

AVONDALE

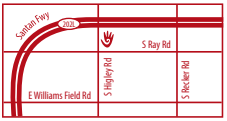


Physical Therapy & Hand Therapy
1860 North 95th Lane
Suite 105
Phoenix, AZ 85037
Phone: (623) 907-0828
Fax: (623) 907-3058

CHANDLER

Physical Therapy & Hand Therapy
2195 W. Chandler Blvd.
Suite 180
Chandler, AZ 85224
Phone: (480) 963-9339
Fax: (480) 963-4098

GILBERT

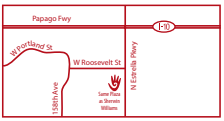


Hand Therapy
1489 S. Higley Rd
Bldg 1, Suite 103
Gilbert, AZ 85296
Phone: (480) 750-1974
Fax: (480) 361-6668

GLENDALE

Hand Therapy
5757 W. Thunderbird
Suite E-465
Glendale, AZ 85306
Phone: (602) 843-9945
Fax: (602) 843-8775

GOODYEAR



Hand Therapy
790 N. Estrella Parkway
Suite C
Goodyear, AZ 85338
Phone: (602) 765-4348
Fax: (623) 233-6567

LAVEEN

Hand Therapy
5030 W. Baseline Rd.
Suite A-135
Laveen, AZ 85339
Phone: (602) 264-6068
Fax: (602) 975-6537

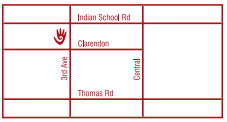
MESA EAST

Hand Therapy
7165 E University Dr
Bldg. 11, Suite 143
Mesa AZ 85207
Phone: (480) 218-9973
Fax: (480) 218-9976

PEORIA NW

Hand Therapy
10184 W. Happy Valley Rd.
Suite 190
Peoria, AZ 85383
Phone: (623) 907-2820
Fax: (623) 207-1207

PHOENIX MIDTOWN

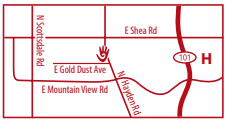


Physical Therapy & Hand Therapy
300 W. Clarendon Ave.
Suite 285
Phoenix, AZ 85013
Phone: (602) 277-3686
Fax: (602) 277-3676

PHOENIX NORTH

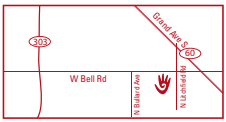
Hand Therapy
20330 N. Cave Creek Rd.
Suite A-150
Phoenix, AZ 85024
Phone: (602) 765-4338
Fax: (602) 765-4761

SCOTTSDALE



Hand Therapy
10304 N. Hayden Rd.
Suite 115
Scottsdale; AZ 85258
Phone: (480) 429-5266
Fax: (480) 660-5971

SURPRISE



Hand Therapy
14239 West Bell Rd.
Suite 110
Surprise, AZ 85374
Phone: (623) 544-1631
Fax: (623) 975-6144

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Tel: 602-231-8511 Fax: 602-279-6934
www.deserthandandpt.com