



WHY CHOOSE

Athletico Physical Therapy?

- We accept all major insurance plans
- Special financing options available
- Interpretation & translation services available

We know you have a choice in therapy providers, thank you for choosing Athletico.

OT/Hand Therapy Prescription

Patient Name: _____ DOI DOS: _____

Diagnosis: _____ Surgery Performed: _____

Frequency: 2x/Week 3x/Week 4x/Week 5x/Week Duration: 2 Weeks 4 Weeks 6 Weeks ___ Weeks

- | | | |
|--|--|--|
| <input type="checkbox"/> Evaluate and Treat per Therapist Discretion
<input type="checkbox"/> Edema Control
<input type="checkbox"/> Coban
<input type="checkbox"/> Isotoner
<input type="checkbox"/> Ace Wrap
<input type="checkbox"/> Digisleeve
<input type="checkbox"/> Equipment/Supplies
___Putty
___Theraband
___Aircast Armband
___Hand Helper
___Elbow Pad
___Pulleys | <input type="checkbox"/> Modalities
<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Electrical Stimulation
<input type="checkbox"/> TENS
<input type="checkbox"/> Paraffin
<input type="checkbox"/> Iontophoresis/Direct Current with Dexamethasone
<input type="checkbox"/> Phonophoresis
<input type="checkbox"/> Hot/Cold Pack
<input type="checkbox"/> Biofeedback
<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Fluidotherapy
<input type="checkbox"/> Scar Care/Management | <input type="checkbox"/> Industrial Rehabilitation Services
<input type="checkbox"/> Functional Capacity Eval
<input type="checkbox"/> Work Conditioning
<input type="checkbox"/> Exercise
<input type="checkbox"/> AROM
<input type="checkbox"/> AAROM
<input type="checkbox"/> PROM
<input type="checkbox"/> Home Exercise Program
<input type="checkbox"/> Evaluate and Treat per Therapist Discretion
<input type="checkbox"/> Strengthening Program
<input type="checkbox"/> Evaluate and Treat per Therapist Discretion
<input type="checkbox"/> Splint |
|--|--|--|

Date: _____ Signature: _____

IN MAKING THIS REFERRAL, THE PHYSICIAN/REFERRING PROVIDER CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.

KENOSHA CENTRAL
 5708 75th St., 53142
 P: 262-697-9135 • F: 262-697-9175
 Clinician: Shamshir Kang, OTR/L

PADDOCK LAKE
 25250 75th St., 53168
 P: 262-843-4200 • F: 262-843-4578
 Clinician: Shamshir Kang, OTR/L

WAUWATOSA-MAYFAIR
 3077 N. Mayfair Rd., Ste. 105, 53222
 P: 414-455-5797 • F: 414-448-6327
 Clinician: Madeline Redohl OTR/L

ATHLETICO17170_12_21_23



To schedule Work Comp Patients or Services, including FCEs and Work Conditioning, Call **888-8-WORK4U** (888-896-7548) or Email WORK4U@athletico.com

Scan here to find a location near you

