



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.

HOLLAND SPRINGFIELD

7117 Orchard Centre Dr., 43528
 P: 567-297-2050 F: 567-297-4023
 Clinician: Jessica Zychowicz, MOT, OTR/L

MIDDLETOWN

323 N. Breiel Blvd., 45042
 P: 513-420-1700 F: 513-420-9700
 Clinician: Amber Justice, OTR/L

SYLVANIA

5577 Monroe St., #1A, 43560
 P: 419-318-8104 F: 419-540-9067
 Clinician: Jessica Zychowicz, MOT, OTR/L

WEST CHESTER

7592 Cox Ln., 45069
 P: 513-233-7400 F: 513-755-1200
 Clinician: Emily Blessing, OTR/L

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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

