



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.

BLUE SPRINGS

210 NW Hwy 7, Blue Springs, MO 64014
 P: 816-655-2460 F: 816-427-0025
 Clinician: Laura Jones, OTR/L, CHT

KANSAS CITY - WESTPORT

4029 Mill St., Kansas City, MO 64111
 P: 816-285-0022 F: 816-897-0189
 Clinician: Greg Goertzen, OTR/L, CHT

OLATHE - SANTA FE/K7

141 S. Parker St. Olathe, KS 66061
 P: 913-538-5453 F: 913-361-1051
 Clinician: Bryleigh Beardmore, OTR/L

GRANDVIEW

12404 S U.S. 71 Hwy Grandview, MO 64030
 P: 816-285-0194 F: 816-897-5227
 Clinician: Allie Seymour, OTR/L

PRAIRIE VILLAGE

6911 Tomahawk Rd., Prairie Village, KS 66208
 P: 913-871-6291 F: 913-871-7633
 Clinician: Rachel LaHue, OTR/L, CHT

ATHLETICO181004_04_22_24



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

