



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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

OMAHA - 94TH AND J  
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 Clinician: Rebekah Remus, 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](mailto:WORK4U@athletico.com)

Scan here to find a location near you

