

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

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

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

#### DALLAS DOWNTOWN

1201 Elm St., Ste. 121, 75270  
P: 469-620-5070 F: 469-983-1972

#### DALLAS RICHARDSON

7989 Belt Line Rd., Ste. 90, 75248  
P: 972-942-2475 F: 972-645-0687  
Clinician: Claire Leighton Speer, OTR/L, OTD

#### FORT WORTH KELLER

12345 Alta Vista Rd., Ste. 113, 76244  
P: 682-593-2550 F: 682-582-8641  
Clinician: Susan Andre, OTR/L

#### FRISCO PARKWOOD

3880 Parkwood Blvd Ste 501, 75034  
P: 469-215-5870 F: 469-420-5792  
Clinicians: Abbey Mulder, OTR/L, CHT  
Kevin Carey, OTR/L, CHT

#### ROCKWALL NORTH

3005 N. Goliad St., 75087  
P: 469-745-1935 F: 469-769-3002  
Clinician: Luanne Boyd, OT/L

#### SOUTHLAKE

480 W. Southlake Blvd., Ste. 111  
P: 817-778-9910 F: 817-203-0337  
Clinicians: Ed Rauschuber, OTR/L, CHT  
Dardhielle Jean, OTR/L, CHT

#### THE COLONY

4770 State Highway 121, Ste. 130, 75056  
P: 469-830-9030 F: 469-390-0010  
Clinicians: Kristen Glidden, OTR/L, CHT  
Grace Duinick, OTR/L, OTD  
Kevin Carey, OTR/L, CHT

ATHLETICO211031\_03\_05\_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](mailto:WORK4U@athletico.com)

Scan here to find a location near you

