



METAIRIE
6820 Veterans Blvd., Ste. A
Metairie, LA 70003
PH 504-887-7463
FX 504-887-7115

Date: _____

Patient: _____

Phone: _____ D.O.B. _____

Diagnosis: _____

ICD-10 Code(s): _____

____ Evaluate and Treat

____ Neck ____ Shoulder ____ Elbow ____ Wrist/Hand ____ Mid-Back ____ Low Back

____ Hip/Pelvis ____ Knee ____ Ankle ____ Foot ____ Balance ____ Gait Training

____ Work Conditioning ____ Functional Capacity Evaluation

____ Myofascial Release ____ Trigger Point Dry Needling ____ Graston Technique

____ Vestibular Rehab ____ Custom Foot Orthotics

Comments _____

I certify the prescribed treatment above is medically necessary.

PHYSICIAN: _____

Patient's next scheduled MD appointment: _____