



VINCENT ALARCON PHYSICAL THERAPIST, PC

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OUTPATIENT DEPARTMENT

PRESCRIPTION FORM

Patient Information:

Name:	Age:	Sex: M / F	Date of Birth:
Address :		Phone #:	Weight:
Diagnosis:	ICD: 10		Height:

Needed Documentation: (in the past 90 days)

<input type="checkbox"/> History & Physical/Progress note	<input type="checkbox"/> Medlist
<input type="checkbox"/> Insurance	<input type="checkbox"/> PT order

Insurance accepted at the moment (MediCal not contracted)

<input type="checkbox"/> Medicare	<input type="checkbox"/> NBD (Network By Design)
<input type="checkbox"/> KOVA	<input type="checkbox"/> Cash Pay

Order:

<input type="checkbox"/> PT to Eval and Treat	Frequency: _____	Duration: _____	Weight bearing: _____
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Other Diagnosis

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Orthopedic (Specialty)

<input type="checkbox"/> THA Precaution <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> No hip precaution <input type="checkbox"/> Progress as tolerated <input type="checkbox"/> Additional Restriction/Precaution _____	<input type="checkbox"/> TKA <input type="checkbox"/> Progress as tolerated <input type="checkbox"/> Additional Restriction/Precaution _____ <input type="checkbox"/> Ankle and Foot Surgery <input type="checkbox"/> Progress as tolerated <input type="checkbox"/> Additional Restriction/Precaution _____	<input type="checkbox"/> Other (ORIF) (Fracture) <input type="checkbox"/> Progress as tolerated <input type="checkbox"/> Additional Restriction/Precaution _____ <input type="checkbox"/> Other <input type="checkbox"/> _____
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Back/Neck/Spinal Surgery

<input type="checkbox"/> Precautions	<input type="checkbox"/> Spinal Precaution <input type="checkbox"/> For how long : _____ 1 No lifting _____ lbs 2 No bending 3 No Twisting	<input type="checkbox"/> Bracing: <input type="checkbox"/> For how long : _____ on at all times <input type="checkbox"/> As needed
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Physician's Name (Print): _____ NPI #: _____ Date & Time: _____

Physician's Signature: _____ Phone #: () - _____ Fax #: () - _____

"Helping Improve Our Patients' Quality of Life"