Print Form

THE REHABILITATION CENTER

155 Raymond Road
Princeton, NJ 08540-9633
Phone: (732) 329-1181
Fax: (732) 329-1171
www.TRCTherapy.com

864 Shrewsbury Avenue
Tinton Falls, NJ 07724
Phone: (732) 784-2400 X314
Fax: (732) 329-1171

You may type directly on this form to fill it out "online" or you may print it and fill it out by hand. After printing remember to sign this prescription.

Patient's Name: _____ Date: _____

Physician: _____

Diagnosis: _____

☐ Evaluate and Treat

☐ Hot /Cold Packs
☐ Therapeutic Exercises
☐ R.O.M. (Pass. / Act._)
☐ Ultrasound / Phonophoresis
☐ Electrical Stimulation
☐ T.E.N.S. Unit
☐ Massage
☐ Stretching
☐ Arthritis Management
☐ Paraffin Bath
☐ Joint Mobilization

☐ Soft Tissue Mobilization
☐ Gait training
☐ McKenzie Back Program
☐ Neuromuscular Re-Education
☐ Lumbar Stabilization Program
☐ Home Exercise Program
☐ Work Fitness
☐ ADL Training & Kinetic Act.
☐ Back / Neck School

Other: _____

Frequency: _____ /Week for _____ Weeks

I hereby certify that the above listed Physical Therapy modalities and procedures are medically necessary for treatment of this patient's diagnosis and condition.

Physician Signature: _____