



www.PTAcclinic.com

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*Physical Therapy • Aquatic Therapy*

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Diagnosis/code: \_\_\_\_\_

Precautions / Restrictions: \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

**Prescription Form for PHYSICAL THERAPY**

- Land Physical Therapy
- Aquatic PT (Huntsville only)
- Evaluate and Treat**
- Modalities
- Therapeutic Exercise
- Neuromuscular Re-Education
- AROM
- Modalities
- PROM
- Traction
- Strengthening
- Manual Therapy
- Stretching

**SPECIALITY PROGRAMS**

- Balance / Fall Prevention
- Work Injury / Return to Work
- Pre-Operative Management
- Post-Operative Management
- Sports Specific Training
- Aerobic Conditioning
- Low Back Program
- Gait Training

**Special Instructions:**

I certify that the above named patient is under my care and requires physical therapy services:

On an outpatient basis and under a plan established and reviewed within 30 days by me as attending physician.

Physician's Signature \_\_\_\_\_