Merrill PT

www.merrillpt.com

Anthony Gerlach, M.S.P.T., A.T.C.

100 Eagle Dr. Suite 2

Merrill, WI 54452

Tel (715) 539-2740

Fax (715)536-1814

Date: _____

Patient Name: _____

Diagnosis: _____

Precautions/Instructions: _____

_____

Frequency Duration: _____

Treatment Procedures

☐ **Evaluate & Treat**

- ☐ R.O.M
- ☐ Strengthening
- ☐ Balance
- ☐ Proprioception
- ☐ Spinal Stabilization
- ☐ Posture
- ☐ Soft Tissue Massage
- ☐ Joint Mobilization
- ☐ Gait
- ☐ Endurance
- ☐ Other _____

- ☐ Ultrasound
- ☐ Phonophoresis
- ☐ Iontophoresis
- ☐ Electrical Stimulation
- ☐ T.E.N.S.
- ☐ Cryotherapy
- ☐ Contrast Baths
- ☐ Biofeedback

_____

I hereby certify the above services to be medically necessary.

Physician Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.