



PHYSICAL THERAPY
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CERTIFIED HAND CENTER
WWW.ROCKFORDHAND.COM

Office for treatment:

ORS of Rockford ORS of Byron ORS of Dixon ORS of Roscoe

CHC - Rockford

Certified Specialists in Physical & Occupational Therapy

Name: _____

Phone: _____ Dx Code: _____

Diagnosis: _____

Date / Type of Surgery: _____

Evaluation & Treatment

- Diagnosis based protocol
- Therapeutic Exercise
- ROM (AROM / PROM)
- Mobilization
- Functional Restoration
- Gait Training

- Home Program
- Joint Protection
- Back Program
- Hand Therapy
- FCE (Rockford location)
- Work Conditioning

- Proprioceptive Retraining
- Wound Care (Hand Center)
- Desensitization / Re-education
- Vestibular Rehabilitation
- Oncology Rehabilitation
- Aquaciser (Rockford location)

Modalities of Choice

- Ultrasound
- Hot/Cold Pack
- Electrical Stimulation
- Tens

- Whirlpool
- Traction
- Fluidotherapy
- Paraffin

- Anodyne / M.I.R.E. Therapy
- Iontophoresis
 - Dexamethasone Sodium Phosphate
4 MG/ML
20 CC
Refill X: _____

Bracing /Orthotics _____

Frequency: _____ per week, for _____ weeks

Instructions/Precautions: _____

THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN 24-48 HOURS.

Please check here if patient needs to be seen sooner.

Dr. _____ Date: _____

- This prescription is a statement of medical necessity for the above named patient -

ORS OF ROCKFORD
2662 McFarland Rd.
Rockford, IL 61107
Ph 815.227.1700
Fax 815.227.1744

ORS OF BYRON
209 N. Union St.
Byron, IL 61010
Ph 815.234.5553
Fax 815.234.5557

ORS OF DIXON
201 Lincoln Statue Dr.
Dixon, IL 61021
Ph 815.284.1700
Fax 815.284.1704

ORS OF ROSCOE
5306 Williams Dr.
Roscoe, IL 61073
Ph 815.270.0704
Fax 815.270.0712

**CERTIFIED HAND CENTER
ROCKFORD**
2662 McFarland Rd.
Rockford, IL 61107
Ph 815.226.8780
Fax 815.227.1744