



PIONEER
PHYSICAL THERAPY

4107 Pioneer Woods Drive, Suite 106
Lincoln, NE 68506

T 402-488-5122 • F 402-488-5166
www.pioneer-pt.com

Name: _____ Date: _____

DOB: _____ Phone #: _____

Diagnosis: _____

Frequency/Duration: _____ times/week for _____ weeks

EVALUATE & TREAT

THERAPEUTIC EXERCISE

- Passive ROM
- Active ROM
- Progressive Resistive Exercise
- Proprioceptive
- Stabilization
- Posture/Body Mechanics
- Gait Training
- Balance Training

MODALITIES

- Moist Heat
- Ice
- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- Paraffin

Manual Therapy

Sports Specific Training

Home Exercises

Neuromuscular Re-education

Special Instructions: _____

*The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of therapy.*

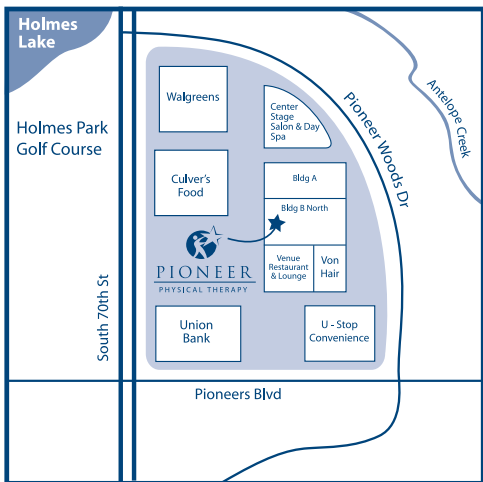
Signature: _____ Date: _____

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.



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Featured on PTandMe.com



***Two blocks east of the intersection 70th and Pioneer Blvd
in Building B North.***

JUST A REMINDER:

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.

Evaluations (1st visit) usually last 1 to 2 hours.

WHAT TO WEAR:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.