LAKE OSWEGO
101 S. State Street, Suite 200G
Lake Oswego, OR 97034
Ph: 503.636.3028
Fax: 503.636.1837

OREGON CITY
1715 S Beavercreek Road
Oregon City, OR 97045
Ph: 503.657.8553
Fax: 503.557.0490

CLACKAMAS
9100 SE Sunnyside Rd
Clackamas, OR 97015
Ph: 503.305.6129
Fax: 503.305.5950

MILWAUKIE
4606 SE Boardman
Milwaukie, OR 97222
Ph: 503.353.9776
Fax: 503.353.9777

CANBY
365 South Redwood
Canby, OR 97013
Ph: 503.651.2020
Fax: 503.651.2019

TIGARD
15755 SW Sequoia Pkwy.
Suite 101
Tigard, OR 97224
Ph: 503.639.8284
Fax: 503.624.7216

PORTLAND - PEARL DISTRICT
1622 NW 15th Avenue
Portland, OR 97209
Ph: 503.222.4640
Fax: 503.222.2730

PORTLAND - N. WILLIAMS
1825 North Williams
Portland, OR 97227
Ph: 503.288.2615
Fax: 503.288.0339

PORTLAND - AIRPORT
5847 NE 122nd St, Suite 101
Portland, OR 97230
Ph: 503.252.2556
Fax: 503.252.2584

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.

NORTH LAKE
Physical Therapy and Rehabilitation

Patient's Name: _____ Date: _____

Patient's Phone: _____ Patient DOB: _____

Dx: _____

Precautions: _____

Treatment Schedule:

Frequency: _____ x/week Duration (# of weeks): _____

Goals & Objectives:

☐ ↑Strength & ROM ☐ ↓Pain ☐ Improve Function ☐ Patient Education

☐ Other _____

☐ **EVALUATE AND TREAT**

☐ ROM/Stretching
☐ Strengthening
☐ Massage/Mobilization
☐ Back/Neck Care
☐ Traction
☐ Ultrasound
☐ Cold Laser
☐ Electrical Stimulation
☐ Iontophoresis/ Phonophoresis
☐ Ice/Heat
☐ ASTYM
☐ Orthotic Evaluation
☐ Kinesio Taping
☐ Incontinence/Pelvic Floor
☐ Hand Therapy/Splinting
☐ Aquatic Therapy *(Oregon City, Milwaukie, Clackamas)*

☐ Sport Specific Evaluation: ☐ Bike Fit ☐ Running ☐ Golfing ☐ Other _____

☐ Other _____

I hereby certify that the above services have been deemed medically necessary.

Physician's Signature: _____ Date: _____

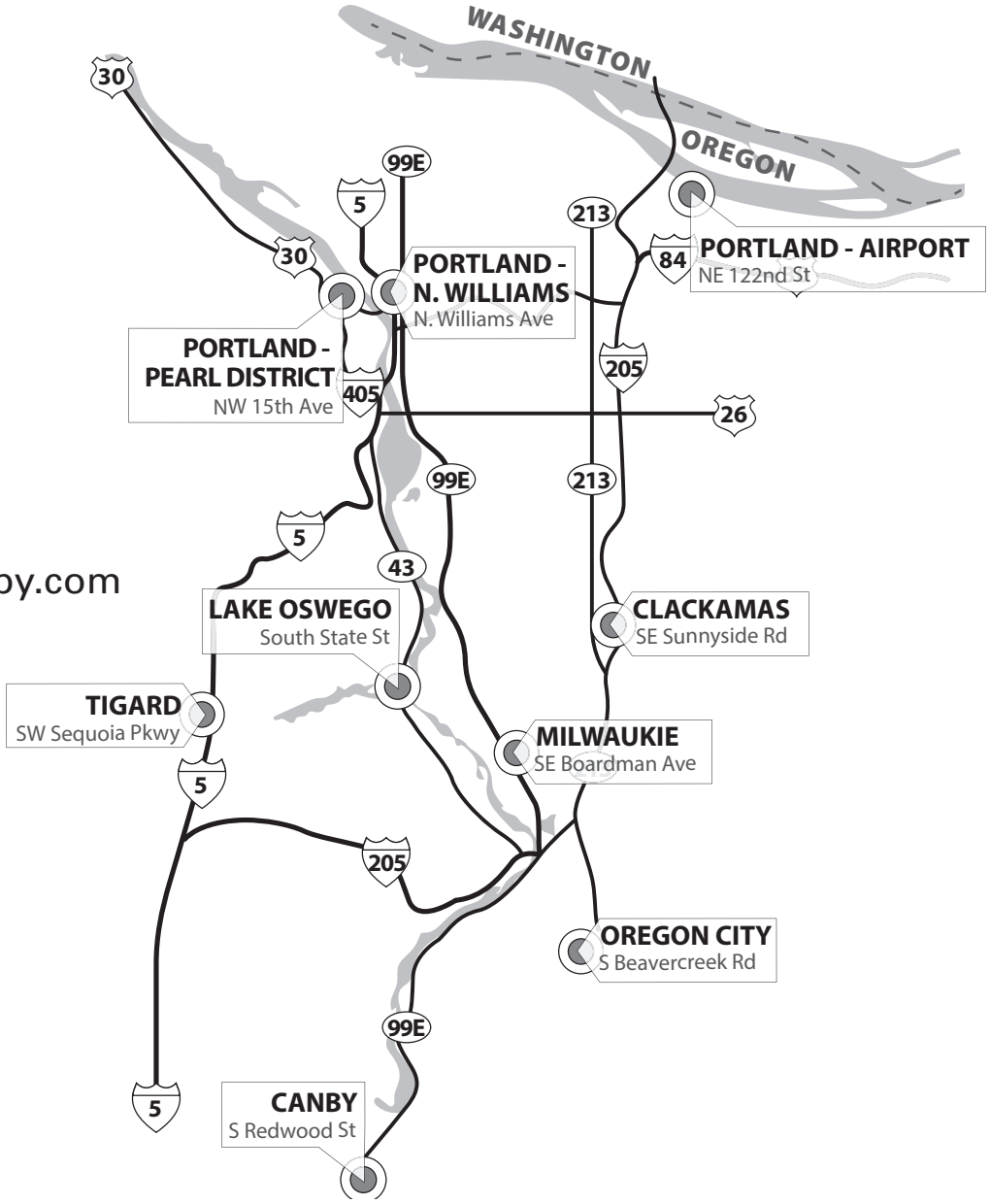
Physician's Printed Name: _____

Please include a copy of the surgery or imaging report if appropriate.

www.northlakephysicaltherapy.com

NORTH LAKE
Physical Therapy and Rehabilitation

northlakephysicaltherapy.com



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