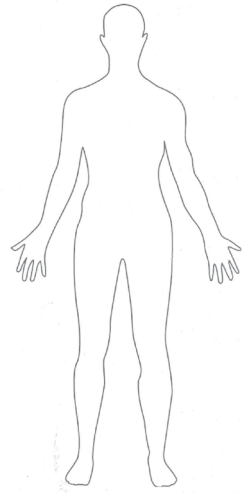




PATIENT _____ DATE _____

DIAGNOSIS _____ ICD10 _____

PRECAUTIONS/SPECIFIC TREATMENT

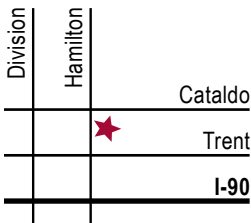


- Physical Therapist evaluate and determine use of procedures, modalities, and/or frequency of treatment
- Sports Rehabilitation
- Balance and Fall Program
- Aquatic Therapy
- Osteoporosis Program
- Lumbar Stabilization Program

FREQUENCY/DURATION _____

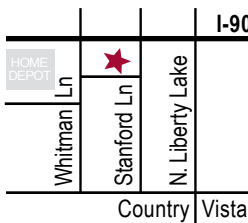
PHYSICIAN SIGNATURE _____

DOWNTOWN



730 N. Hamilton
 Spokane, WA 99202
 p 509>458>7686
 f 509>458>6611

LIBERTY LAKE



1334 N. Whitman Ln, Ste. 100
 Liberty Lake, WA 99019
 p 509>927>1222
 f 509>927>1444

SPOKANE CLUB

DOWNTOWN
 1002 W. Riverside
 Spokane, WA 99201
 p 509>459>4574
 f 509>458>6611

VALLEY (POOL)
 5900 E. 4th Ave.
 Spokane Valley, WA 99212
 p 509>458>7686
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