3939 HOUMA BLVD.
#17 DOCTOR'S ROW
(504) 885-9121
FAX (504) 885-0322

MICHAEL B. MURPHY, PT
ROBERT A. PORCHE, PT

OFFICE HOURS 7:30 AM to 6:00 PM MON.-FRI.

PATIENT: ____

DIAGNOSIS: ____

FREQUENCY: DAILY _____ 3X WEEKLY _____ 2X WEEKLY _____

WEEKS: 1 2 3 4 OTHER: ________________

SPECIAL INSTRUCTIONS/PRECAUTIONS: ________________________
____
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FOR PT REFERRAL & LETTER OF MEDICAL NECESSITY:

TREATMENT:

- ❑ Eval & Treatment
- ❑ Whirlpool
- ❑ Moist Heat
- ❑ Ice Pack
- ❑ Ultrasound
- ❑ Muscle Massage
- ❑ Paraffin Bath
- ❑ Laser
- ❑ Extremity Rehab
- ❑ Spinal Rehab
- ❑ Total Knee Rehab
- ❑ Total Hip Rehab
- ❑ Range of Motion
- ❑ Cybex Eval
- ❑ Home Program
- ❑ Orthotic Eval
- ❑ Pelvic Traction
- ❑ Cervical Traction
- ❑ Back School
- ❑ Tens
- ❑ Electrical Stim
- ❑ Iontophoresis
- ❑ Phonophoresis

DATE: __________ PHYSICIAN'S SIGNATURE: ____________________

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