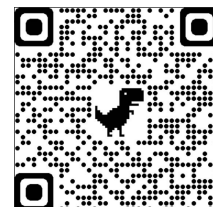


Appointment
Request



Accepted
Insurances

☐ **Tempe/Mesa**

Petersen Physical Therapy

1844 E. Baseline Rd., Suite C-5

Tempe, AZ 85283

Phone: 480-833-1005

Fax: 480-833-1312

www.petersenphysicaltherapy.com

☐ **City of Maricopa**

Petersen Physical Therapy

21300 N. John Wayne Pkwy.

Suite 125

Maricopa, AZ 85139

Phone: 520-568-2723

Fax: 520-568-2865

www.petersenphysicaltherapy.com

☐ **Neuro Rehabilitation Center**

Alta Mesa

Neuro & Brain Performance Centers

5761 E Brown Rd, Ste 19

Mesa, AZ 85205

Phone: (480) 719-8080

Fax: (480) 981-8595

www.neuroandbrain.com

☐ **Neuro Rehabilitation Center**

Neuro & Brain Performance Centers

6840 E. Brown Rd. #104

Mesa, AZ 85207

Phone: 480-779-4671

Fax: 480-981-8595

www.neuroandbrain.com

Please Call Or Fax To Make Your Appointment

To optimize your healing, it is important to keep all your scheduled appointments

Date: _____ Patient Name: _____

Patient Phone: _____ Dx: _____

ICD-10 Code: _____

- | | | | | |
|--|--|---|---|--|
| ☐ Evaluate & Treat | ☐ Orthopedic PT/OT | ☐ Sports Therapy | ☐ Aquatic Therapy | ☐ ASTYM |
| ☐ Ergonomics | ☐ Vestibular Rehabilitation | ☐ Anodyne Therapy | ☐ Pediatrics | ☐ Cold Laser |
| ☐ Metabolic Weight Loss | ☐ Orthotics | ☐ FCE(Functional Capacity Evaluations) | ☐ Dry Needling | |
| ☐ Neuro Rehab | ☐ Occupational Therapy | ☐ Graston Therapy | ☐ Active Release Therapy | ☐ LSVT (Big & Loud) |
| ☐ Speech Therapy | ☐ ImPACT Testing | ☐ EMG-Biofeedback | ☐ QEEG | |

Notes:

Frequency & Duration 1 2 3 4 times per week for _____ weeks.

All the above treatment is medically necessary and indicated for this diagnosis.

Referral for physical therapy/occupational therapy/speech therapy document of medical necessity.

Signature: _____