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: _____