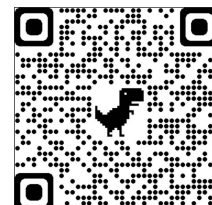


Appointment
Request



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.petersenpt.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.petersenpt.com

☐ **Neuro Rehabilitation Center**

**Neuro & Brain Performance
Centers**

5761 E Brown Rd, Ste 19
Mesa, AZ 85205
Phone: (480) 719-8080
Fax: (480) 981-8595
www.neuroandbrain.com

☐ **East Mesa**

Petersen Physical Therapy

6840 E. Brown Rd. #104
Mesa, AZ 85207
Phone: 480-779-4671
Fax: 480-631-7783
www.petersenpt.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
- ☐ Orthotics
- ☐ Neuro Rehab
- ☐ Speech Therapy

- ☐ Occupational Therapy
- ☐ Orthopedic PT/OT
- ☐ Vestibular Rehabilitation
- ☐ IMPACT Testing

- ☐ Sports Therapy
- ☐ Anodyne Therapy
- ☐ Graston Therapy
- ☐ EMG-Biofeedback

- ☐ Pediatrics
- ☐ QEEG
- ☐ Active Release Therapy
- ☐ LSVT (Big & Loud)
- ☐ ASTYM
- ☐ Cold Laser
- ☐ Dry Needling

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: _____