

Providing Quality Care Since 1992

631 Campbell Hill St., Suite 200 Marietta, GA 30060 770-424-6787 | 770-426-7925 fax VenturePTMarietta.com

Patient Name		
Date		
Diagnosis		
	We gladly accept Medicare	
Evaluations		
Physical Therapy - Evaluate and Treat		
-		
Treatments	The area continued and initial continued and	
Hot/Cold Pack	Therapeutic Activities	
Ultrasound	Gait Training	
Electrical Stimulation/TNS	Neuromuscular Re-education	
Manual Therapy	Hivamat Deep Oscillation Therapy	
Traction	Infrared/Low level Laser	
Massage	Work Conditioni ng	
Myofascial Release	lontophoresis with Ketoprofen or Dexamethasone	
Therapeutic Procedure/Exercise	Low-dye taping & Kinesiotape	
Other		
Duration and Frequency	times a week for	weeks.
I hereby certify that the above listed physic medically necessary for treatment of this d		
medically necessary for treatment of this u	lagriosis and condition.	
Physician's Signature	Date	

PALSICAL THERE

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