

TheraMAX PLUS

PHYSICAL THERAPY

SHELBY TOWNSHIP LOCATION

49050 Schoenherr #600
Shelby Township, MI 48315
Tel 586-566-8913 Fax 586-566-8379

CHESTERFIELD TOWNSHIP LOCATION

47085 Gratiot
Chesterfield Township, MI 48051
Tel 586-598-1247 Fax 586-598-1260

WWW.THERAMAXPT.COM

Patient Name: _____

Diagnosis: _____

Precautions/Contradictions: _____

Frequency: _____ times per week Duration: _____ weeks Follow-up date: _____

EVALUATE & TREAT

MODALITIES

- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- Mechanical Traction
- Paraffin
- Cold Laser

EXERCISE

- Therapeutic Exercise
- Neuromuscular Re-Education
- Functional Activities
- Myofascial Release
- Mobilization/Stabilization
- Muscle Energy
- Soft Tissue Mobilization
- Gait Training
- Sensory Integration
- Splinting/Orthotics
- Self Care Training

SPECIALTY PROGRAMS

- Spinal Rehab
- Pre/Post-Op Joint Rehab
- Sports Rehab
- Functional Capacity Testing
- Work Conditioning
- Job-Site Analysis
- Pre/Post Partum Rehab
- TMJ Rehab
- Hand Rehab
- Arthritis Program
- Lymphedema
- Pediatric

I certify that I have examined the patient. The above stated treatment plan in necessary and will be provided while the patient is under my care.

Physician Signature: _____ Date: _____

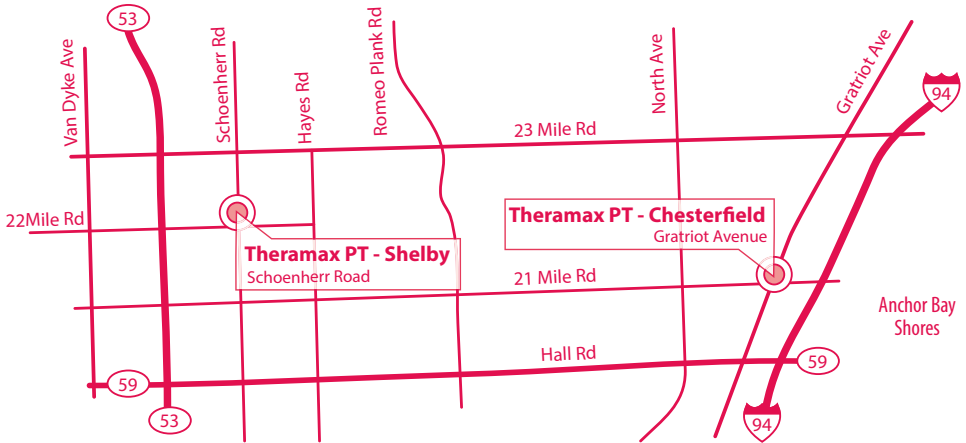
DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

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2 CONVENIENT LOCATIONS



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CONVENIENT HOURS:

Monday - Friday 7:30am - 7:30pm • Saturday 8:00am - 12:00pm