



Anchorage

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PATIENT

DATE

DIAGNOSIS

FREQUENCY

DURATION

ICD9 CODE

COMMENTS

- | | |
|---|---|
| <input type="checkbox"/> Evaluation & Treatment | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Soft Tissue Mobilization | <input checked="" type="checkbox"/> Traction (cervical) |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Traction (lumbar) |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> TMD |
| <input type="checkbox"/> Modalities | <input type="checkbox"/> Home Program |
| <input type="checkbox"/> Dry Needling | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Vestibular Rehabilitation Therapy | |
| <input type="checkbox"/> Cervical-Ocular-Vestibular Program | |

PROVIDER SIGNATURE

RE-CHECK DATE