



## Anchorage

3650 LAKE OTIS PARKWAY  
 SUITE 201  
 ANCHORAGE, AK 99508

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 PT, MSPT

<b>PATIENT</b>		<b>DATE</b>
<b>PATIENT PHONE NUMBER</b>		
( _ _ _ ) _ _ - _ _ _		
<b>DIAGNOSIS</b>		
<b>FREQUENCY</b>	<b>DURATION</b>	<b>ICD 10 CODE</b>
<b>COMMENTS</b>		

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

**PROVIDER SIGNATURE**

**PRINTED NAME / CONTACT #**

# SPRING

WE CAN ADD IT BACK TO YOUR STEP

[alaskapts.com](http://alaskapts.com)



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