



Anchorage

3650 LAKE OTIS PARKWAY
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PATIENT		DATE OF BIRTH
PATIENT PHONE NUMBER		
(_ _ _) _ _ - _ _ _		
DIAGNOSIS		
FREQUENCY	DURATION	ICD10 CODE
COMMENTS		

<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	DATE	PRINTED NAME / CONTACT #

SPRING

WE CAN ADD IT BACK TO YOUR STEP

alaskapts.com



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