



Suwannee Bend Services

Adult / Pediatric therapy

Physical therapy Occupational therapy Speech therapy

Chiefland

220-2 North main street
US 19 South end

phone: 352-490-7500

Fax: 352-490-7110

Newberry

newberry rd. & 258th
corner of Newberry Rd and 258th

phone: 352-474-6111

fax: 352-474-6112

Jonesville

105 SW 140TH Ter., suite 3
across from Publix

phone: 352-333-3995

FAX: 352-333-3994

High Springs

236 Northeast 1st Avenue

phone: 386-454-0533

FAX: 386-454-0533

Doctor's orders and approved plan of care for:

Client Name _____ Date of order: _____

Diagnosis: _____ Onset Date: _____

Services Ordered: (check all that apply)

Specific orders- Plan of Treatment - for duration of 4 weeks from "effective date" unless otherwise specified

Adult Referral / Orthopedic Referral / Workers Compensation referral

General orders

- evaluation and treatment / Continue **Frequency:** _____
- AROM Modalities: MHP CRYO FES US TENS LASER
- Strengthening Joint mobilization Soft tissue mob./scar massage
- Gait Training Balance training therapeutic activities
- ADULT SPEECH THERAPY ADL training nerve gliding/ mobilization
- home safety ed./ training stroke rehab/ neuromuscular re-ed
- adaptive equipment de-sensitization treatment Endurance Training
- Othopedic tapping/ strapping/ splint **iontophoresis** with dexamethasone

pediatric referral

- Evaluation and Treatment / Continue Frequency:** _____
- S.I./Sensory Integration Treatment** **ADD/ADHD treatment**
- Developmental Delays treatment** Handwriting skills
- Interactive Metronome** coordination treatment
- Visual/Perceptual treatment early intervention treatment
- Autism Treatment** Gait Training
- Speech Therapy** Feeding and swallowing issues
- Self Care Skills Learning deficits/ cognitive skills

ADDITIONAL INSTRUCTIONS/ PRECAUTIONS/ ORTHOTICS:

I certify that that I have ordered this plan of treatment and deem it medically necessary.

Signed by doctor : _____ date: _____