



**Cascade Park**  
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 Zane Smith, MPT, OCS

MVA    WComp    Medicare    Commercial

**Patient Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**ICDIO CODES:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**PRECAUTIONS:** \_\_\_\_\_

**IMAGING RESULTS:** \_\_\_\_\_

**FREQUENCY:**    as required  
                            daily  
                            T I W  
                            \_\_\_\_\_ Rx only

**DURATION:** \_\_\_\_\_ week(s)

- Evaluate and RX as needed with report to Doctor
- Work Conditioning
- PCE/FCE

- MODALITIES:**
- |                       |                 |
|-----------------------|-----------------|
| ___ cryotherapy       | ___ moist heat  |
| ___ iontophoresis     | ___ ultrasound  |
| ___ cervical traction | ___ E-stim/TENS |
| ___ lumbar traction   | ___ NMES        |
| ___ biofeedback       | ___ laser       |

- PROCEDURES:**
- |                          |                               |
|--------------------------|-------------------------------|
| ___ massage              | ___ trigger point therapy     |
| ___ joint mobilization   | ___ neurological re-education |
| ___ vestibular rehab     | ___ strain counterstrain      |
| ___ therapeutic exercise | ___ ASTIM                     |

- |  |   |
|--|---|
| <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> TMJ Evaluation/Treatment       |
| <input type="checkbox"/> Back School Education | <input type="checkbox"/> Physical Capacities Evaluation |
| <input type="checkbox"/> Headache Program      | <input type="checkbox"/> Orthotics                      |
| <input type="checkbox"/> Gait Training         |   |

**Signed:** \_\_\_\_\_

**Print Doctor Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

