



MISHOCK PHYSICAL THERAPY & Associates

"Providing Hope, Encouragement, & Healing"

Patient: _____ Date: _____
Patient Phone: _____

- Evaluate and Treat
- ROM / Strengthening
- Manual Therapy / Myofascial Release
- General Conditioning / Fitness
- Pre-Hab / Post Surgical Rehab
- Ultrasound
- Iontophoresis
- Phonoporesis
- TENS Unit / Instruction
- Post-Concussion Protocol
- Cryo / Vaso Therapy
- Traction: Cervical / Lumbar
- Other _____

SPECIAL PROGRAMS

- Aqua Therapy
- Vestibular Therapy
- Lymphedema
- Bell's Palsy Treatment
- ImPACT Testing
- Fall Prevention Program
- Spine / Back Education
- Cancer Related Fatigue
- TMJ Internal / External MFR
- FCE
- Work Simulated Conditioning
- Ergonomic Education
- Pre-Employment Screening
- Special Instruction _____

Frequency: 1 2 3 4 5 / per week Duration: _____ weeks
Diagnosis: _____

This prescription is valid for 60 days from above date. *

I Certify the medical necessity for rehabilitation services

Physician's Signature: _____

* Workers comp script is valid for 30 days

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

Please fax this referral with the patient's demographics. We will contact the patient to schedule their appointment.

Gilbertsville

AQUA THERAPY

1806 Swamp Pike, Ste 100
Gilbertsville, PA 19525
P: 610-327-2600

F: 610-327-9050

Skippack

3887 Skippack Pike
Lower Level
Skippack, PA 19474
P: 610-584-1400

F: 610-584-5224

Barto

1311 Route 100
Lower Level
Barto, PA 19504
P: 610-845-5000

F: 610-845-5011

Phoenixville

131 Nutt Road
Phoenixville, PA 19460
P: 610-933-3371

F: 610-933-3376

Limerick

Spring Valley YMCA
19 W. Linfield- Trappe Rd
Limerick, PA 19468
P: 484-948-2800

F: 610-792-3044

Stowe

1650 W. High Street
Stowe, PA 19464
P: 484-948-2810

F: 484-949-9003

www.mishockpt.com

