



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
- Phonophoresis
- 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
- Graston
- Kinesio Tape
- LSVT BIG
- 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: _____

Please Print Name: _____

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

Boyertown

560 North Route 100
Bechtelsville, PA 19505
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

Pottstown

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

F: 484-949-9003

www.mishockpt.com



www.fit2wrk.com