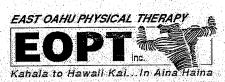
East Oahu Physical Therapy Aina Haina Professional Bldg 850 West Hind Dr. #201 Honolulu HI 96821

Physician Printed Name:

## To Schedule an Appointment

## **CALL 377-5605**





110101010,111 30021		FAX 377	-5604			
	P	HYSICAL THERA	APY REFER	RAL		
Patient Name:			Phone:			
Date of Birth:			Insurance:			
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Dx:			Date of Injury	<b>/</b>		
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Frequency/Duration.			NEAL DOLLAR	3 7 1312		
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Func Capacity Screen		abilization	lonto	phoresis	Training	
Manual Therapy	ACL Proto				Aqua Therapy	
Myofascial Release		Postural Training		TRICAL STIMULATION	Brace Fitting	
Joint Mobilizations	Balance T		TENS	/IFC		
	Back Scho					
	Stretchin		TRAC			
	Home Ex	kercise Program	Cervi			
			Lumb	par		
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Additional Comments / Pre	ecautions / S	necial Instruction	ıs:			
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Physician Signature:			Date:		and the second s	
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