



Physical Therapy, Inc.

www.allstarphysicaltherapy.com

# PHYSICAL THERAPY PRESCRIPTION

## TEMECULA

31515 Rancho Pueblo Rd.  
Suite 101  
Ph. (951) 303-1414  
Fax (951) 303-1616

## TEMECULA

27699 Jefferson Ave., Suite 202  
Ph. (951) 506-1405  
Fax (951) 506-1406

### Central Scheduling

Ph. (951) 304-7273

Fax (951) 304-2560

### 4 SAN BERNARDINO COUNTY CLINICS

- Apple Valley
- Rialto
- Redlands
- Yucaipa

## MURRIETA

39755 Murrieta Hot Springs Rd.  
Suite F120  
Ph. (951) 894-1600  
Fax (951) 894-1601

## MURRIETA

25136 Hancock Ave., Ste. D  
Ph. (951) 696-7474  
Fax (951) 696-7575

## MURRIETA

25136 Hancock Ave., Ste. D  
Ph. (951) 296-9801  
Fax (951) 336-0512

## MURRIETA

24671 Monroe Ave., Suite 101  
Ph. (951) 677-4105  
Fax (951) 677-4106

## WILDOMAR

32246 Clinton Keith Rd.  
Suite 103  
Ph. (951) 677-7221  
Fax (951) 677-7331

## MENIFEE west

29798 Haun Rd., Suite 201  
Ph. (951) 679-8500  
Fax (951) 679-8522

## MENIFEE east

30141 Antelope Rd.  
Suite A  
Ph. (951) 723-8100  
Fax (951) 723-8101

## LAKE ELSINORE

425 Diamond Dr., Suite 101  
Ph. (951) 674-9515  
Fax (951) 674-9517

## HEMET

3989 West Stetson Ave.  
Suite 105  
Ph. (951) 652-3334  
Fax (951) 652-3335

## SAN JACINTO

1191 N. State St., Suite D  
Ph. (951) 654-2440  
Fax (951) 654-2441

## CORONA

2815 Main Street  
Suite 205  
Ph. (951) 475-1307  
Fax (951) 475-1308

## FALLBROOK

577 East Elder St., Ste. I  
Ph. (760) 723-2687  
Fax (760) 723-2689

## ESCONDIDO

215 S. Hickory St.  
Suite 112  
Ph. (760) 737-8460  
Fax (760) 739-5669

## VISTA

1922 Hacienda Drive  
Ph. (760) 295-4175  
Fax (760) 295-4176

## MIRAMAR

8901 Activity Rd., Suite 200  
Ph. (858) 566-6673  
Fax (858) 566-6803

## RAMONA

1338 Main St.  
Ph. (760) 789-1400  
Fax (760) 789-1401

PATIENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

PHYSICIAN NAME (PRINT): \_\_\_\_\_ PHYSICIAN PHONE: (     ) \_\_\_\_\_

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

- EVALUATE & TREAT
- PHYSICAL THERAPY EVALUATION
- HAND THERAPY EVALUATION
- OCCUPATIONAL THERAPY EVALUATION\*
- SPEECH THERAPY EVALUATION\*

### TREATMENT:

- Therapeutic Exercise/PRE
- Balance & Gait Training
- Strengthening & Endurance
- PROM/AROM
- Postural Training
- Home Exercise Program

Precautions/Special Instructions: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

*I certify that prescribed rehabilitation is a medical necessity for this patient's care.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurances Accepted:**  
 Medicare • TriCare/TriWest • Workers' Comp.  
 Private PPOs including:  
 Blue Cross • Blue Shield • Cigna • Aetna  
 United Health Care and many more.