McLaren Print System Order

Order No: 52444 Reprint Previous Order No: 20435
Order Date: 2020-02-07
User: shelby brandon
Phone: 810-342-2362

Ship Location: McLaren Flint 1 North Therapy Services Attention: Shelby Brandon
401 S. Ballenger Hwy
Flint, MI 48532
Forms
Quantity: 500
Paragon Dept No: 38110
Dept Name: McLaren Flint Outpatient Physical Therapy
Company Number: 60

Order Total Price: 0.00

Item Number: M-28043
Item Description: THERAPY SERVICES CANCER RX PAD
Revision Date: 1/2017
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint

PELVIC DYSFUNCTION AND WOMEN'S HEALTH
THERAPY PRESCRIPTION

Patient: _____ Gender: _____ Age: _____

Diagnosis: _____

FREQUENCY: ❑ Daily ❑ Three X Week ❑ Two X Week ❑ Other _____ **DURATION:** _____

❑ Pregnant Estimated due date: _____

Diagnosis:
- ❑ Lymphedema
  - ❑ Post mastectomy
  - ❑ Other: _____
- ❑ Pain
  - ❑ Back pain
  - ❑ Sciatica
  - ❑ Sacroiliac pain
  - ❑ Coccydynia
  - ❑ Other: _____
- ❑ Ligamentous laxity
- ❑ Muscle spasm/pain
- ❑ Disuse Atrophy/weakness
- ❑ Myalgia or myositis, unspecified
- ❑ Osteoporosis
- ❑ Pathological Fracture
- ❑ Other: _____

PT/OT Evaluate and Treat:
- ❑ Exercise
- ❑ Neuro-muscular Re-education
- ❑ Manual Therapy
- ❑ Home Instructions
- ❑ Postural/Body Mechanics
- ❑ Massage
- ❑ Splinting/Bracing
- ❑ Scar Management
- ❑ Complete Decongestive Therapy
- ❑ Decompression Exercises
- ❑ Modalities PRN
- ❑ Other: _____

Other: _____

Noted Precautions/Restrictions: _____

_____

(PHYSICIAN SIGNATURE)

DATE: _____