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T 918.298.2381  
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WWW.PHYSICALTHERAPYOFJENKS.COM

DATE: \_\_\_\_\_ NEXT VISIT: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

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

EVALUATE & PROVIDE PHYSICAL THERAPY TREATMENT

TREATMENT RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TREATMENT FREQUENCY:

AS NEEDED       2X/WEEK       3X/WEEK       5X/WEEK

TREATMENT DURATION: \_\_\_\_\_

\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

**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.

PHYSICIAN NAME (PRINTED): \_\_\_\_\_

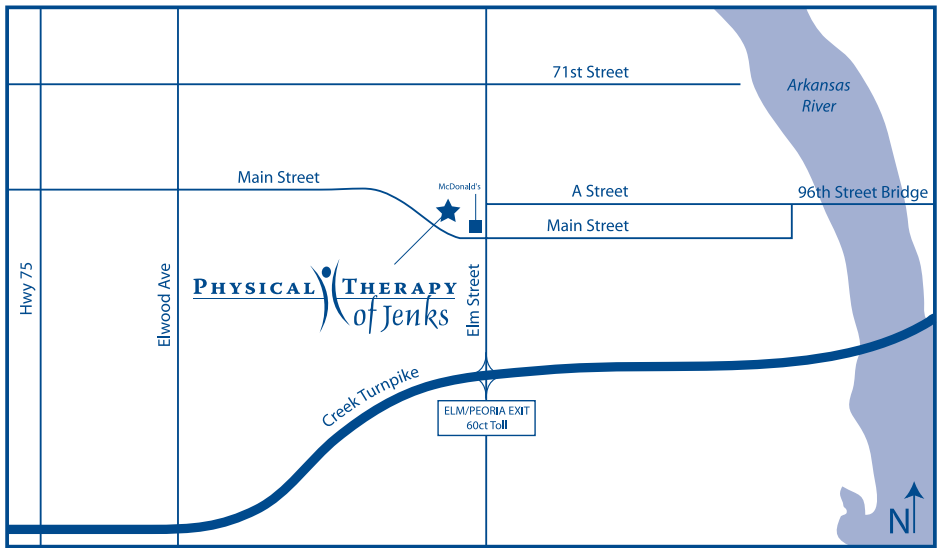
HOURS OF OPERATION  
8AM - 5PM M-F

# PHYSICAL THERAPY of Jenks

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LOCATED IN JENKS HEALTH PLAZA  
JUST WEST OF MAIN AND ELM