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### PHYSICAL THERAPY ORDER

NAME	DATE
DIAGNOSIS	ICD-9
	ICD-9
PRECAUTIONS	
MISC	
<input type="checkbox"/> EVAL. & TREAT. <input type="checkbox"/> ORTHOPEDIC REHAB <input type="checkbox"/> VISCERAL MANIP. <input type="checkbox"/> NEURAL MOBILZATION <input type="checkbox"/> OTHER: _____	

REFERRING CLINICIAN/TITLE: \_\_\_\_\_