



THE REHABILITATION CENTER OF DES MOINES

701 Riverview St, Des Moines, IA 50316 | 515.829.4025

OUTPATIENT THERAPY ORDERS

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____

Patient Diagnosis: _____

Patient Precautions: _____

Please send copies of both sides of insurance cards.

☐ **PT Evaluation & Treatment** ☐ **OT Evaluation & Treatment** ☐ **ST Evaluation & Treatment**

- | | | |
|---|--|---|
| <input type="checkbox"/> LSVT Big | <input type="checkbox"/> Wheelchair Clinic | <input type="checkbox"/> LSVT Loud |
| <input type="checkbox"/> Fall Prevention Clinic | <input type="checkbox"/> Urinary Incontinence Clinic | <input type="checkbox"/> Vital Stim Therapy |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Low Vision Clinic | <input type="checkbox"/> Cognitive Communication Training |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> ADL Clinic | <input type="checkbox"/> Dysphagia Clinic |
| <input type="checkbox"/> Short-wave Diathermy | <input type="checkbox"/> Dementia Clinic | <input type="checkbox"/> Aphasia Clinic |
| <input type="checkbox"/> Balance/Gait Training | <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Dementia Clinic |
| <input type="checkbox"/> Strengthening | <input type="checkbox"/> Ultrasound | |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Upper Extremity Rehab | |
| <input type="checkbox"/> Cardiac Recovery | <input type="checkbox"/> Neuro Rehab | |
| <input type="checkbox"/> Neuro Rehab | <input type="checkbox"/> Lymphedema | |
| <input type="checkbox"/> Lymphedema | | |
| <input type="checkbox"/> Foot Wear | | |

Physician Signature: _____ Date: _____

Physician NPI: _____ Physician Phone Number: _____