



**SOUTHWEST ORTHOPAEDIC  
PHYSICAL THERAPY**

1334 Wyoming Blvd NE  
Albuquerque, NM 87112  
505.292.3317 P  
505.292.3402 F

**Physical  
Therapy Prescription**

Referring Physician's Name \_\_\_\_\_

Initial Date \_\_\_\_\_ Review Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Payor \_\_\_\_\_

Diagnosis \_\_\_\_\_

Frequency \_\_\_\_\_ x/wk duration \_\_\_\_\_ weeks \_\_\_\_\_

Narrative Orders \_\_\_\_\_

☐ **Evaluate and Treat**

**SPECIALIZED SKILLS**

- ☐ Physical Therapy Evaluation
- ☐ Joint Mobilization/ Manual Techniques
- ☐ Neuromuscular Re-education
- ☐ Exercise and Treatment Program
- ☐ Muscle Imbalance Stretching
- ☐ Unloaded Exercise Therapy
- ☐ Posture, Ergonomics Training/Education
- ☐ Myofascial/Triggerpoint RX
- ☐ ADL/Gait Training
- ☐ Custom Foot Orthotics
- ☐ Prophylactic Strapping/Kinesiotape
- ☐ Home Exercise/Treatment Program
- ☐ Balance/Proprioceptive Re-training

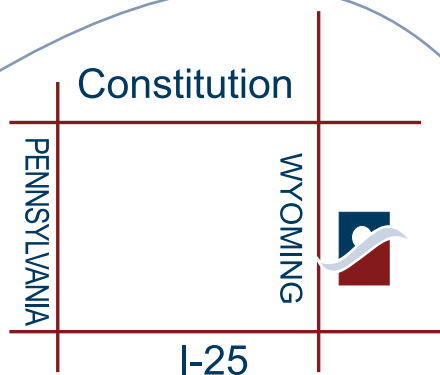
**MODALITIES**

- ☐ Iontophoresis
- ☐ Electric Stimulation
- ☐ Moist Hot Pack
- ☐ Cryotherapy
- ☐ Cervical or Lumbar Traction
- ☐ Ultrasound/Phonophoresis
- ☐ Vasopneumatic Compression/Cooling
- ☐ Contrast Bath
- ☐ Massage/Soft Tissue Mobilization
- ☐ TENS or Home E-Stim Unit Setup/Rental
- ☐ Home Traction Setup/Rental
- ☐ Dynamic Splinting

*I hereby certify these services to be medically  
necessary for the patient's plan of care*

Physician's Signature \_\_\_\_\_

Telephone # \_\_\_\_\_ Date \_\_\_\_\_



P O S I T I V I T Y I N M O T I O N

You have the right to choose the physical therapist of your choice. Just print these pages and take them with you or give them to a friend to take to the doctor to be referred to our clinic. It is that easy!

New Patient

Patient Referred by:

name

Email

put your name and email here to refer someone to swopt and receive a free gift or 1/2 hour massage!

Thank you

## Southwest Orthopaedic Physical Therapy accepts most major health insurers

(2011 Insurance Information - Please phone our office to verify insurance coverage for in-network or out-of-network information)

- |                              |                         |
|------------------------------|-------------------------|
| · AUTO INSURANCE             | · INTEGRATED            |
| · AETNA/PRONET               | · HEALTHPLAN            |
| · AMERIGROUP                 | · LITIGATED             |
| * BCBS/ NEW MEXICO           | * LOVELACE              |
| · BEECHSTREET                | · MAILHANDLERS          |
| * CIGNA                      | * MEDICARE              |
| · CCMSI                      | * MEDICAID              |
| · COR-VEL                    | · PHCS/MULTIPLAN        |
| · EVERCARE                   | * PRESBYTERIAN          |
| · FOCUS                      | · THERAMATRIX           |
| · GEHA                       | · TRIWEST               |
| · HEALTH NETWORKS OF AMERICA | · THREE RIVERS NETWORK  |
| · HEALTHSMART                | · WORKER'S COMPENSATION |
|                              | · SELF PAY              |

\* Also most medicare/medicaid replacement or senior plans

For further information about our services.

Please refer to brochure or go to **[www.swopt.net](http://www.swopt.net)**



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We offer:

***Outpatient Orthopaedic  
Manual Physical Therapy,  
Certified Hand Therapy, and  
Myofascial Trigger Point Therapy***

**[info@swopt.net](mailto:info@swopt.net)  
[www.swopt.net](http://www.swopt.net)  
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