

Therapy Services

Physician Request for Outpatient Therapy

Appointment Needed:

Phone: 833-SW-REHAB (833-797-3422)

Fax: 440-816-4850

Patient Name: _____ Date of Birth: _____ Phone: _____

Diagnosis / ICD 10 Code: _____

Select all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Evaluate and treat | | |
| <input type="checkbox"/> Other: _____ | | |

- | | | |
|--|---|---|
| <input type="checkbox"/> AlterG Treadmill | <input type="checkbox"/> Lymphedema Treatment | <input type="checkbox"/> Sports Metrics |
| <input type="checkbox"/> Aquatic Rehabilitation | <input type="checkbox"/> Orthotics | <input type="checkbox"/> Stroke Rehabilitation |
| <input type="checkbox"/> Balance and Vestibular Training | <input type="checkbox"/> Parkinson's Rehabilitation | <input type="checkbox"/> Throwing Program |
| <input type="checkbox"/> Biodex Test | <input type="checkbox"/> Pediatric Rehabilitation | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Pelvic Physical Therapy | <input type="checkbox"/> Traction |
| <input type="checkbox"/> Dance Physical Therapy | <input type="checkbox"/> Pregnancy / Post Partum PT | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Dry Needling | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Upper Extremity and Hand Rehab |
| <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Spine Rehabilitation | <input type="checkbox"/> Vestibular Rehab |
| <input type="checkbox"/> Iontophoresis | | <input type="checkbox"/> Visceral Therapy |

I hereby certify that these services are medically necessary for the patient's plan of care:

Physician Name (Printed) _____ Phone: _____ Fax: _____

Physician Signature _____ Date: _____ Time: _____

Call 833-SW-REHAB (833-797-3422) to schedule an appointment or for information

<p>Olmsted Medical Center Physical Therapy 27076 Bagley Road Olmsted Township, OH 44138 440-816-4535</p> <p>Physical Therapy Pelvic Floor Therapy Dry needling Visceral Therapy</p>	<p>Broadview Heights Physical Therapy 7000 Town Center Dr. Broadview Heights, OH 44147 440-526-8566</p> <p>Physical Therapy Aquatic Therapy FCE's TMJ Vestibular Rehab Dry Needling</p>	<p>North Royalton Physical Therapy 5340 Royalton Rd. North Royalton, OH 44133 440-230-1133</p> <p>Physical Therapy TMJ Aquatic Therapy Pelvic Floor Therapy FCE's Dry needling Vestibular Rehab</p>	<p>LifeWorks of Southwest General 7390 Old Oak Blvd. Middleburg Heights, OH 44130 440-816-8010</p> <p>Physical Therapy Occupational/Hand Therapy Vestibular Rehab Speech Therapy Aquatic Therapy Pediatric Therapy Pelvic Floor Therapy Parkinson's Big Program Dry needling Schroth Approach to Scoliosis Amputee Rehab Neuro Rehab Biodex Testing Lymphatic Therapy</p>
<p>Strongsville Medical Center 18181 Pearl Rd. Strongsville, OH 44136 440-816-4920</p> <p>Physical Therapy Visceral Therapy Parkinson's Big Program Pelvic Floor Therapy Dry needling Vestibular Rehab</p>	<p>Hinckley Physical Therapy 2546 Center Road Hinckley, OH 44233 330-558-0100</p> <p>Physical Therapy Vestibular Rehab Pelvic Floor Therapy Dry Needling Occupational/Hand Therapy</p>	<p>North Olmsted Physical Therapy 23887 Lorain Rd. North Olmsted, OH 44070 440-777-1764</p> <p>Physical Therapy TMJ FCE's AlterG anti-gravity treadmill Vestibular Rehab</p>	
<p>Brunswick Recreation Center 3637 Center Rd. (Rte. 303) Brunswick, OH 44212 440-816-5607</p> <p>Physical Therapy Aquatic Therapy</p>	<p>Brunswick Medical Center 4065 Center Rd. (Rte. 303) Brunswick, OH 44212 440-816-5607</p> <p>Physical Therapy Pelvic Floor Therapy Dry needling Vestibular Rehab</p>	<p>Southwest General Health Center 7255 Old Oak Blvd., C-411 Middleburg Heights, OH 44130 440-816-2683</p> <p>Physical Therapy Occupational/Hand Therapy</p>	