

Waldron Health & Rehab Center Therapy  
Waldron Health & Rehab Center  
505 N. Main St.  
Waldron, IN 46182  
Phone: 765-525-4371  
Fax: 765-525-4246

## OUTPATIENT THERAPY PHYSICIAN PRESCRIPTION

Patient Name: \_\_\_\_\_

Patient  
Address: \_\_\_\_\_

\_\_\_\_\_ Patient Phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Onset Date: \_\_\_\_\_

Precautions:  None  Specified Precautions: \_\_\_\_\_

Evaluation & Treatment:  Physical Therapy  Speech-Language Pathology  
 Occupational Therapy  Other

Frequency: \_\_\_\_\_ X per week Duration: \_\_\_\_\_ Weeks

Requesting Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_ (Please Print)

Physician Address: \_\_\_\_\_  
\_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Email Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specified Treatment Referred By: \_\_\_\_\_

Family/POA Has Been Notified  Family/POA Has Approved Evaluation & Treatment

WE ARE FAMILY SERVING FAMILIES

