



Trisha Becker Physical Therapy
Dr. Trisha Becker, PT, DPT, MHS, OCS
230 South Bemiston Avenue, Suite 1010
Clayton, MO 63105
P 314-725-8600 F 314-725-8607
tb@drtbeckerpt.com

PRESCRIPTION FOR PHYSICAL THERAPY
TRISHA A. BECKER, PT, DPT, MHS, OCS

Patient Name: _____ DOB: _____

Diagnosis/ICD: _____

FREQUENCY: (CHECK OR INDICATE)

- 1X/WEEK
- 2X/WEEK
- PRN
- OTHER _____

DURATION: (CHECK OR INDICATE)

- _____ WEEK(S)
- _____ MONTH(S)
- _____ YEAR
- PRN

SPECIFIC ORDERS: (CHECK OR INDICATE)

- EVALUATE AND TREAT PER THERAPIST DISCRETION (preferred)
- PHYSICAL THERAPY EVALUATION ONLY
- MANUAL THERAPY (PER THERAPIST DISCRETION)
 - Soft Tissue Mobilization
 - Joint Manipulation Grade I-V
- THERAPEUTIC EXERCISE (PER THERAPIST DISCRETION)
 - AROM
 - PROM
 - PRE
 - HEP
- BALANCE/PROPRIOCEPTIVE TRAINING

SPECIAL INSTRUCTIONS/PRECAUTIONS: _____

APPROVED MEDICAL PROVIDER SIGNATURE

DATE