

## PHYSICIAN PRESCRIPTION

Patient's Name:		DOB:
Doctor's Name:		
Diagnosis:		
Precautions:		
☐ Evaluate and Treat	☐ Therapeutic Exercise	☐ Work/Functional Conditioning
☐ Home Program	☐ Modalities	
Frequency: x week	x weeks or visits tota	ıl
Signature:		Date:
	—— Our Locations ——	

**Amelia** 

10130 Superior Way Amelia Court House, VA 23002

Ph: (804) 561-1585 Fax: (804) 561-7430

Located behind Hardee's Takeout.

**Blackstone** 

116 E Broad Street Blackstone, VA 23824 Ph: (434) 298-0128

Fax: (804) 561-7430

Located cross from Winn's Furniture Store.

Amelia Physical Therapy

http://ameliapt.com