

We know you have a choice in therapy providers, thank you for choosing Athletico.

OT/Hand Therapy Prescription

Patient Name: _____ DOI DOS: _____

Diagnosis: _____ Surgery Performed: _____

Frequency: ☐ 2x/Week ☐ 3x/Week ☐ 4x/Week ☐ 5x/Week Duration: ☐ 2 Weeks ☐ 4 Weeks ☐ 6 Weeks ____ Weeks

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ☐ Evaluate and Treat per Therapist Discretion ☐ Edema Control <ul style="list-style-type: none"> ☐ Coban ☐ Isotoner ☐ Ace Wrap ☐ Digisleeve ☐ Equipment/Supplies <ul style="list-style-type: none"> __Putty __Theraband __Aircast Armband __Hand Helper __Elbow Pad __Pulleys | <ul style="list-style-type: none"> ☐ Modalities <ul style="list-style-type: none"> ☐ Ultrasound ☐ Electrical Stimulation ☐ TENS ☐ Paraffin ☐ Iontophoresis/Direct Current with Dexamethasone ☐ Phonophoresis ☐ Hot/Cold Pack ☐ Biofeedback ☐ Whirlpool / Fluidotherapy ☐ Scar Care/Management <ul style="list-style-type: none"> ☐ Wound Care | <ul style="list-style-type: none"> ☐ Industrial Rehabilitation Services <ul style="list-style-type: none"> ☐ Functional Capacity Eval ☐ Work Conditioning ☐ Exercise <ul style="list-style-type: none"> ☐ AROM ☐ AAROM ☐ PROM ☐ Home Exercise Program ☐ Evaluate and Treat per Therapist Discretion ☐ Strengthening Program <ul style="list-style-type: none"> ☐ Evaluate and Treat per Therapist Discretion ☐ Splint: _____ ☐ Protocol: _____ |
|--|---|---|

Date: _____ Signature: _____

IN MAKING THIS REFERRAL, THE PHYSICIAN/REFERRING PROVIDER CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.

ALLEN

1314 W McDermott Dr., Ste. 130, 75013
P: 469-656-3004 • F: 469-393-0032
Clinician: Abbey M., OTR/L, CHT

ARLINGTON WEST

4407 Little Rd., Ste. 690, 76016
P: 682-282-4682 • F: 682-219-0574
Clinician: Jasmine P., OTR/L, OTD

DALLAS DOWNTOWN

1201 Elm St., Ste. 121, 7527
P: 469-620-5070 • F: 469-983-1972
Clinician: Kyle O., OTR/L, OTD

DALLAS RICHARDSON

7989 Belt Line Rd., Ste. 90, 75248
P: 972-942-2475 • F: 972-645-0687
Clinicians: Claire L., OTR/L, OTD
McKenzie W., OTR / L, OTD

FORT WORTH KELLER

12345 Alta Vista Rd., Ste. 113, 76244
P: 682-593-2550 • F: 682-582-8641
Clinician: Grace D., OTR/L, OTD

ROCKWALL NORTH

3005 N. Goliad St., 75087
P: 469-745-1935 • F: 469-769-3002
Clinician: Luanne B., OT/L

SOUTH LAKE

480 W. Southlake Blvd., Ste. 111
P: 817-778-9910 • F: 817-203-0337
Clinicians: Ed R., OTR/L, CHT
Dardhielle J., OTR/L, CHT

THE COLONY

4770 State Highway 121, Ste. 130, 75056
P: 469-830-9030 • F: 469-390-0010
Clinicians: Kristen G., OTR/L, CHT
Kevin C., OTR/L, CHT

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To schedule Work Comp Patients or Services, including FCEs and Work Conditioning, Call **888-8-WORK4U** (888-896-7548) or Email **WORK4U@athletico.com**

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