



**CoxHealth**

Cox OP Rehabilitation & Sports Medicine

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

DOB: \_\_\_\_\_  
or Patient Sticker Here

\*ORDERS\*

**Centralized Scheduling**  
269-5500 fax: 269-5508

**PHYSICIAN ORDERS**

\_\_\_ Branson Therapy Services \_\_\_ Cox Rehab Cassville \_\_\_ Cox Rehab Monett \_\_\_ Lebanon Therapy Services \_\_\_ Republic Therapy Services  
\_\_\_ Advanced Therapy \_\_\_ Cox North \_\_\_ Meyer Center \_\_\_ Sports Medicine Center \_\_\_ Steeplechase

Primary Phone: \_\_\_\_\_ Insurance: \_\_\_ Medicare \_\_\_ Medicaid \_\_\_ Work Comp \_\_\_ Private

Other Insurance: \_\_\_\_\_

Physician Office or Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_ Dr. Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_ Physical Therapy / Occupational Therapy \_\_\_ Speech Therapy \_\_\_ Athletic Training \_\_\_ Hand Therapy  
\_\_\_ Evaluate Only \_\_\_ Evaluate & Treat \_\_\_ Isokinetic Testing \_\_\_ Work Injury Evaluation and Treat

Frequency / Duration: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks

**TREATMENT/EXERCISE**

- \_\_\_ AROM
- \_\_\_ PROM
- \_\_\_ Vestibular Balance/Proprioception
- \_\_\_ Strengthening exercise
- \_\_\_ Myofascial release
- \_\_\_ Massage
- \_\_\_ Soft tissue mobilization
- \_\_\_ Mobilization
- \_\_\_ Dynamic lumbar stabilization (individual)
- \_\_\_ ADL training
- \_\_\_ Fine motor/Training
- \_\_\_ Lymphedema/Edema reduction therapy
- \_\_\_ Aquatic therapy
- \_\_\_ Sensory re-education
- \_\_\_ Decentralization
- \_\_\_ ASTYM manual therapy/Graston
- \_\_\_ Gait training

**MODALITIES**

- \_\_\_ Ice-Heat
- \_\_\_ Paraffin
- \_\_\_ Fluidotherapy
- \_\_\_ Ultrasound
- \_\_\_ Anodyne
- \_\_\_ Electric stimulation
- \_\_\_ Lumbar traction
- \_\_\_ Cervical traction
- \_\_\_ Pulse lavage

**EQUIPMENT**

- \_\_\_ TENS unit/Instruction
- \_\_\_ Home traction unit cervical/Lumbar
- \_\_\_ Compression garments
- \_\_\_ Walker \_\_\_ Walker w/wheels
- \_\_\_ Cane \_\_\_ Standard \_\_\_ Quad
- \_\_\_ Crutches \_\_\_ Knee scooter
- \_\_\_ Over the door pulley set
- \_\_\_ Other: \_\_\_\_\_

**ORTHOTIC/SPLINTING/FABRICATION/FITTING**

- \_\_\_ Custom or \_\_\_ PreFab
- \_\_\_ Shoe modifications
- \_\_\_ Hand
- \_\_\_ Elbow
- \_\_\_ Cervical
- \_\_\_ Lumbar
- \_\_\_ Shoulder
- \_\_\_ Other: \_\_\_\_\_

**SPECIALTY PROGRAMS**

- \_\_\_ Wheelchair Team Seating Program
- \_\_\_ Pelvic floor therapy/Biofeedback
- \_\_\_ IDD protocol
- \_\_\_ LSVT Big or \_\_\_ LSVT Loud
- \_\_\_ Alter G
- \_\_\_ Athletic Advantage
- \_\_\_ Bioness
- \_\_\_ FES bike RT 300
- \_\_\_ Interactive Metronome

**TOTAL PERFORMANCE**

- \_\_\_ Golf
- \_\_\_ Running
- \_\_\_ Throwing

**WORK COMPLETE/WORK INJURY THERAPY**

- \_\_\_ Functional capacity assessment/Eval
- \_\_\_ Work conditioning
- \_\_\_ Jobsite analysis/Consulting
- \_\_\_ Ergonomics
- \_\_\_ Hand
- \_\_\_ Other: \_\_\_\_\_

**AUDIOLOGY**

- \_\_\_ Hearing evaluation/Treatment
- \_\_\_ Infant (OAE) hearing screening
- \_\_\_ CAP evaluation
- \_\_\_ Other: \_\_\_\_\_

**SPEECH THERAPY**

- \_\_\_ Modified barium swallow
- \_\_\_ Clinical swallowing evaluation/Treatment
- \_\_\_ Cognitive retraining
- \_\_\_ Other: \_\_\_\_\_

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Field: Medication Allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iontophoresis: \_\_\_ 5% Acetic acid \_\_\_ 4 mg/ml Dexamethosone  
1.3 ml treatment, 8 total treatments 10.4 mL

Phonophoresis: \_\_\_ 10% Hydrocortisone cream (60g)

Comments: \_\_\_\_\_

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