



Physical Therapy & Massage Therapy
338 Kamokila Blvd. #201, Kapolei, HI 96707
Office: 674-9998 Fax: 674-9877

Prescription & Treatment Plan

PATIENT
NAME: _____ HOME/ CELL PHONE NO.: _____
DOB: _____ WORK PHONE NO.: _____

INSURANCE
MEDICAL INSURANCE: _____ TYPE
CLAIM / MEMBER NO.: _____ PRIVATE
DATE OF INJURY: _____ WC
NF/AUTO

DIAGNOSIS: _____
ICD-10 CODE(S): _____
SURGERY TYPE: _____ DATE OF SURGERY: _____

TREATMENT
PHYSICAL THERAPY EVAL & TREAT CONTINUE
MASSAGE THERAPY (BY LMT)
OTHER
FREQUENCY & DURATION:
Restrictions & Precautions
Special Instructions/ Additional Notes

Physician's Name (Print) Physician's Signature: Date:

For office use:
Approved by:
Name: (Print)/Title
Date:

