BELLAIRE PHYSICAL THERAPY
6565 WEST LOOP SOUTH, SUITE 450
BELLAIRE, TX 77401
WWW.BELLAIREPT.COM
PHONE: 832-588-3552
FAX: 281-402-3077

PRESCRIPTION FOR PHYSICAL THERAPY

PATIENT NAME	
DATE OF BIRTH	
PATIENT PHONE	
TODAY'S DATE	

Physical Therapy Evaluate and treat 2-3 x a week x 4-6 WKs

ICD-10:

_____

BODY PART:

_____

MD SIGNATURE:

_____

MD PHONE/FAX:

_____

- Schedule appointment online or by phone
- Wear comfortable cloths and footwear
- Bring ID, insurance card, form of payment
- Bring Medical History
- Arrive 15 minutes before appointment