



PHYSICIAN ORDER FOR OUTPATIENT THERAPY

Bluebonnet Medical Rehab Clinic

Physician Name: _____ Phone #: _____

Clinic: _____

Patient Name: _____ DOB: _____

Address: _____ Phone: _____

Diagnosis: _____

<input type="checkbox"/> PHYSICAL THERAPY <input type="checkbox"/> Aquatic Therapy <input type="checkbox"/> LSVT BIG <input type="checkbox"/> Spasticity Assessment	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> OCCUPATIONAL THERAPY <input type="checkbox"/> NMES <input type="checkbox"/> Vestibular Therapy	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> SPEECH THERAPY <input type="checkbox"/> NMES <input type="checkbox"/> MBS Study <input type="checkbox"/> LSVT LOUD	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> NEUROPSYCH TESTING	Evaluate & Treat	<u>Special concerns:</u>

DME:

Physician Signature: _____ Date: _____

Fax or email order to 512.462.6791
or bboutpatient@uhsinc.com

1106 W. Dittmar Rd., Austin, TX 78745 512.462.6790
www.texasneurorehab.com

*Located on Texas NeuroRehab Center Campus
Entrance is to the right of main entrance for Bluebonnet Medical Rehab.*