PHYSICIAN ORDER FOR OUTPATIENT THERAPY
Bluebonnet Medical Rehab Clinic

Physician Name: ___________________ Phone #: _____________

Clinic: ______________________________________________________

Patient Name: ___________________ DOB: ________________
Address: ___________________ Phone: ___________________ 
Diagnosis: __________________________________________________

☐ PHYSICAL THERAPY
☐ Aquatic Therapy  ☐ LSVT BIG
☐ Spasticity Assessment

☐ OCCUPATIONAL THERAPY
☐ NMES  ☐ Vestibular Therapy

☐ SPEECH THERAPY
☐ NMES  ☐ MBS Study  ☐ LSVT LOUD

☐ NEUROPSYCH TESTING

Evaluate & Treat

Special concerns:

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.