



Sierra Orthopaedic & Athletic Rehabilitation

4300 Golden Center Drive, Suite B, Placerville, CA 95667

Telephone 530-344-2045 • Fax 530-642-0794

www.sierraorthopt.com

Patient's Name _____ Date _____

Diagnosis _____

Evaluation and Treatment

Continue Treatment

Procedures:

- Modalities as indicated
- Therapeutic Exercise
- Manual Therapy as indicated
- Gait Training (_____ % Wt-bearing)
- Other: _____

Programs:

- Spine Rehabilitation
- Extremity Rehabilitation
- Neurological Rehabilitation
- Biomechanical/ Orthotic Evaluation

Goals/ Precautions/ Special Instructions:

Frequency 1 2 3 4 5 X per week _____ / weeks

I certify that these services are medically necessary.

Physician's Signature _____

