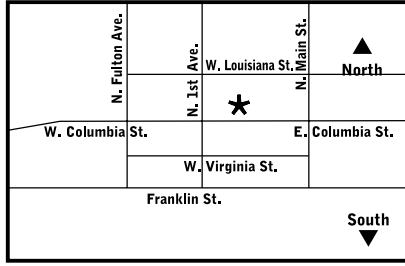
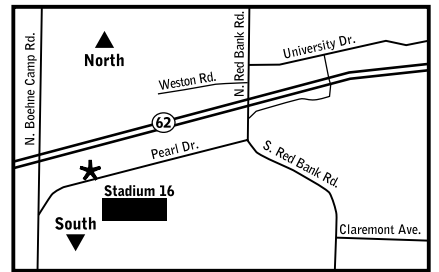


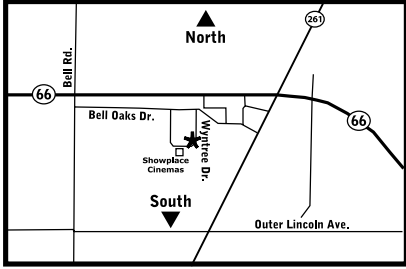
7300 E. Indiana St., Ste. 102  
Evansville, IN 47715  
Ph: 812.476.0409 Fax: 812.476.1016



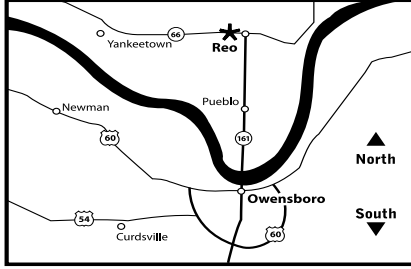
533 W. Columbia St.  
Evansville, IN 47710  
Ph: 812.759.3001 Fax: 812.401.9013  
Hand Center Ph: 812.759.0023



5625 Pearl Dr., Ste. 100  
Evansville, IN 47712  
Ph: 812.759.7493 Fax: 812.401.2346




4166 Wyntree Dr., Ste. B  
Newburgh, IN 47630  
Ph: 812.759.7464 Fax: 812.759.7467



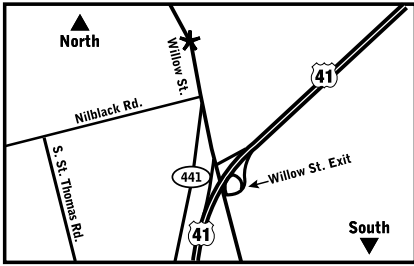
2827 W. State Rd. 66  
Rockport, IN 47635  
Ph: 812.627.7007 Fax: 812.649.4882

ProRehab @ Home is available for patients to receive the same clinical excellence you expect from ProRehab in their home.

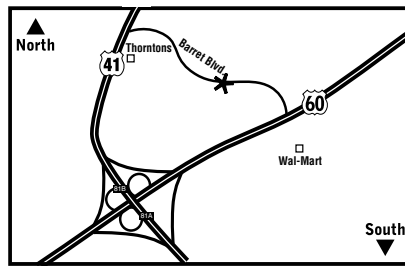
Ph: 812.759.7457 Fax: 812.475.9348



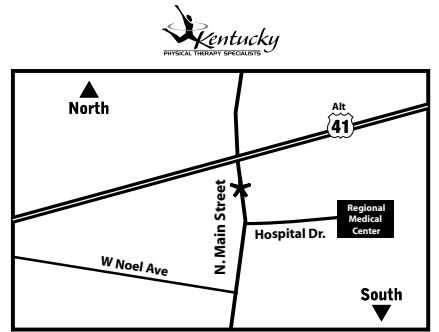
**ProRehab @ Home, LLC**  
A Division of ProRehab, PC



2121 Willow Street, P.O. Box 316  
Vincennes, IN 47591  
Ph: 812.882.1141 Fax: 812.255.0045  
Toll Free: 1.866.885.9690



702 Barret Blvd., Ste. B  
Henderson, KY 42420  
Ph: 270.631.4100 Fax: 270.631.4101



Kentucky Physical Therapy Specialists  
1075 N. Main St. • Madisonville, KY 42431  
Ph: 270.643.5787 Fax: 270.643.0364  
[www.kypts.com](http://www.kypts.com)

See Back for Complete Office Addresses & Information  
Ph: 812.476.0409 • Toll Free 1.866.885.9691 • [www.prorehab-pc.com](http://www.prorehab-pc.com)

Patient's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

I certify the above marked therapy/rehabilitation service is medically necessary to achieve the following goals:

- ( ) Decrease Edema
- ( ) Relieve Pain
- ( ) Increase Endurance
- ( ) Increase ROM
- ( ) Improve Functional Skills

\* Signifies programs not available at every location

<p><b>Low Back Pain Management</b></p> <p>( ) PT Evaluate &amp; Treat</p> <p>( ) Other: _____</p> <p><b>Lymphedema Program*</b></p> <p>( ) PT Evaluate Only</p> <p>( ) PT Evaluate &amp; Treat</p> <p>( ) PT Evaluate for garment fitting</p> <p>( ) PT Evaluate &amp; Lymphedema prevention instructions</p> <p>( ) Other: _____</p> <p><b>Pelvic Floor Rehab*</b></p> <p>( ) PT Evaluate &amp; Treat</p> <p>( ) Other: _____</p>	<p><b>Home Health</b></p> <p>( ) PT Evaluate &amp; Treat</p> <p>( ) OT Evaluate &amp; Treat</p> <p><b>Vestibular Rehab*</b></p> <p>( ) PT Evaluate Only</p> <p>( ) PT Evaluate &amp; Treat</p> <p>( ) BPPV</p> <p>( ) Parkinson's</p> <p>( ) TBI</p> <p>( ) Peripheral Vestibular Disorder</p> <p>( ) Disequilibrium of aging</p> <p>( ) Stroke</p> <p>( ) MS</p> <p>( ) Other: _____</p>	<p><b>Physical Therapy</b></p> <p>( ) Evaluate &amp; Treat</p> <p>( ) Bracing/Orthotics</p> <p>( ) Therapeutic Exercise</p> <p>( ) Isokinetic/Biodex Testing</p> <p>( ) Home Program</p> <p>( ) Modalities</p> <p><b>Occupational Therapy</b></p> <p>( ) Evaluate &amp; Treat</p> <p>( ) Dressing/Wound Care</p> <p>( ) BTE Testing</p> <p>( ) Therapeutic Exercise</p> <p>( ) Home Program</p> <p>( ) Modalities</p> <p>( ) Splinting/Bracing</p>
--	---	--

