

Complete Pulmonary Rehab

5905 Forest Place, Suite 200

Little Rock, AR 72207

Phone: 501.566.1011 | Fax: 501.232.4693

Physician Orders for Outpatient Therapy

Patient Name:	
Telephone:	
Date of Birth:	
Gender:	
Diagnosis:	

Rehabilitation Orders

Please Include Times per Week and Duration of Selected Program

<input type="checkbox"/>	Respiratory Therapy Program - Evaluation and Treatment Treatment may include Patient Education, Pulse Oximetry, Endurance Training, Breathing Retraining, Pulmonary Hygiene, Titration of Supplemental Oxygen, Physical Therapy and Social Service Evaluation.
<input type="checkbox"/>	Physical Therapy Program - Evaluation and Treatment Treatment to include Balance Training, therapeutic Exercise, Neuromuscular Re-Education Home Exercise Instruction, Gait Training, and Hot or Cold Therapy, and Social Service Evaluation.
<i>*The Respiratory Therapy program sessions are usually 2-3 times per week for approximately one to two hours each session and last 8-10 weeks.</i>	
<i>*The Physical Therapy program sessions are two to three times a week and last until your physical goals are met; depending on your condition.</i>	

Significant Medical History or Other Orders (Please Fax most recent H&P and PFT)

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Physician Signature
Date:
Phone #:
Fax #: