



Physical Therapy & Wellness
3440 Bell Street, Suite 306
Amarillo, Texas 79109
806-803-9165 * Fax 806-331-6085
www.ipowpt.com

Name: _____ Date of Birth: _____

Diagnosis: _____

- | | |
|--|---|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Redcord (neuromuscular activation) |
| <input type="checkbox"/> Evaluate & Report | <input type="checkbox"/> Injury Prevention Screen & Report |
| <input type="checkbox"/> AlterG (anti-gravity treadmill) | <input type="checkbox"/> Other: _____ |

Special Instructions: _____

Frequency/Duration: _____

Physician Signature: _____ Date: _____