1111 W. Wellesley Ave. | Spokane, WA 99205 Phone: 509.448.9358 | Fax: 509.448.5973

702 South Park | Deer Park, WA 99006 Phone: 509.276.2005 | Fax: 509.276.5550 1520 W. 3rd Ave. | Spokane, WA 99201 Phone: 509.309.3789 | Fax: 509.309.3796

14 W. Graves Rd. | Spokane, WA 99218 Phone 509-465-2139 | Fax 509-465-2548

www.accelerationphysicaltherapy.com

☐ Physical Therapy
Patient Name:
Diagnosis:
Insurance Follow-up Apt. Date:
Frequency of Rx: $\square$ 1 $\square$ 2 $\square$ 3 x/week forweeks
Precautions:
□ Evaluate and Treat
□ LSVT BIG / Power Up Moves
☐ Parkinson's / Dementia Program
☐ Balance / Vestibular Rehabilitation
□ Special Instructions
Provider's SignatureDate
Printed Name

"I certify/recertify the need for these services furnished under this plan of treatment and while under my care."