Walter G. Shull Jr., P.T. Victoria L. Shull, P.T.

SHULL
Physical Therapy Center

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Name_____Date_____

Diagnosis_____

Frequency / Duration_____

Next Dr.'s Appt._____

THERAPY SERVICES

□ Physical Therapy

□ EVALUATION AND TREATMENT

□ ADL Training / Therapeutic Activities

□ Electrical Stimulation

□ Therapeutic Exercises

□ Manual Therapy / Massage

□ Gait Training

□ Vestibular Rehab

Other_____

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Precautions_____

Comments_____

_____

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• Support our Troops •

I certify that the above treatment is medically necessary and is approved for the patient's rehabilitative program.

Physician's Signature_____