



Therapy Partners of North Texas

PHYSICAL THERAPY & SPORTS MEDICINE

Therapist Owned and Operated. Serving the Metroplex since 1996.

www.TherapyPartnersPT.com	Mon - Thurs 7:00am - 7:00pm	Friday 7:00am - 6:00pm
<input type="checkbox"/> COLLEYVILLE/EULESS (Hwy 121 and Glade Rd) 2030 Glade Road, Ste. 200 Grapevine, TX 76051 T 817-684-0397 F 817-684-8253	<input type="checkbox"/> DENTON 2445 West Oak St., Suite 200 T 940-320-6030 F 940-320-3113	<input type="checkbox"/> HERITAGE TRACE 4364 Heritage Trace Pkwy, Ste 108 T 817-379-1400 • F 817-379-1404
<input type="checkbox"/> COPPELL 413 West Bethel Road, Ste 400 T 972-304-9100 F 972-304-9048	<input type="checkbox"/> FLOWER MOUND 4401 Long Prairie Rd. Suite 300 T 972-691-1331 F 972-691-1731	<input type="checkbox"/> NRH/KELLER 8700 N. Tarrant Pkwy, Ste 113 T 817-498-8344 F 817-498-8702
<input type="checkbox"/> CORINTH 3001 FM 2181, Suite 150 T 940-498-4004 F 940-498-4008	<input type="checkbox"/> WEST FRISCO 5000 Eldorado Pkwy, Suite 430 T 214-436-4606 F 214-436-4794	<input type="checkbox"/> SOUTHLAKE 731 E. Southlake Blvd. Ste 150 T 817-442-8600 F 817-442-8603
	<input type="checkbox"/> HASLET 12520 Willow Springs Rd., Building 3, Suite 104 T 817-210-6196 F 817-782-9303	<input type="checkbox"/> TROPHY CLUB 2800 St Hwy 114 E., Suite 120 T 817-491-3403 F 817-491-3308

PATIENT'S NAME _____ DATE _____

PATIENT'S TELEPHONE NUMBER _____ DOB _____

WORKER'S COMPENSATION YES NO ADJUSTER /CASE MANAGER _____

DIAGNOSIS _____

INSTRUCTIONS/PRECAUTIONS _____

Recommended Frequency: _____ times per week for _____ weeks.

EVALUATE & TREAT

CONTINUE THERAPY

TREATMENT	MODALITIES	EDUCATION
<input type="checkbox"/> Progressive Resistive Exercise <input type="checkbox"/> Endurance/Conditioning <input type="checkbox"/> Dynamic Kinetic Activity <input type="checkbox"/> AROM <input type="checkbox"/> PROM <input type="checkbox"/> Joint Mobilization	<input type="checkbox"/> Soft Tissue Mobilization <input type="checkbox"/> Neuro Muscular Re-Education <input type="checkbox"/> Biofeedback <input type="checkbox"/> Proprioceptive Training <input type="checkbox"/> Gait Training <input type="checkbox"/> Fall Risk Assessment	<input type="checkbox"/> Ultrasound <input type="checkbox"/> Electrical Stimulation <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Phonophoresis
	<input type="checkbox"/> Iontophoresis <input type="checkbox"/> Mechanical Traction <input type="checkbox"/> TENS <input type="checkbox"/> Contrast Bath <input type="checkbox"/> Paraffin Bath	<input type="checkbox"/> Home Ex Program <input type="checkbox"/> Back Education <input type="checkbox"/> Cervical Education <input type="checkbox"/> Functional Activities <input type="checkbox"/> ADL Training <input type="checkbox"/> Body Mechanics/Posture

SPECIAL PROGRAMS * Not offered at all locations

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> McKenzie Spine Protocol | <input type="checkbox"/> ACL Protocol | <input type="checkbox"/> FCE/Work Conditioning* | <input type="checkbox"/> Fall Prevention |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Concussion Therapy | <input type="checkbox"/> Shoulder/Scapular Stabilization | <input type="checkbox"/> Blood Flow Restriction |
| | <input type="checkbox"/> Dry Needling* | <input type="checkbox"/> Total Joint Replacement | <input type="checkbox"/> TMJ Therapy* |
| | <input type="checkbox"/> Vestibular Rehabilitation* | <input type="checkbox"/> Carpal Tunnel Protocol | |

I hereby certify that the above services have been deemed medically necessary.

PROVIDER'S SIGNATURE _____ DATE _____

PRINT NAME _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



THERAPY PARTNERS of North Texas



PHYSICAL THERAPY & SPORTS MEDICINE

WHERE YOU NEED US. WHEN YOU NEED US.

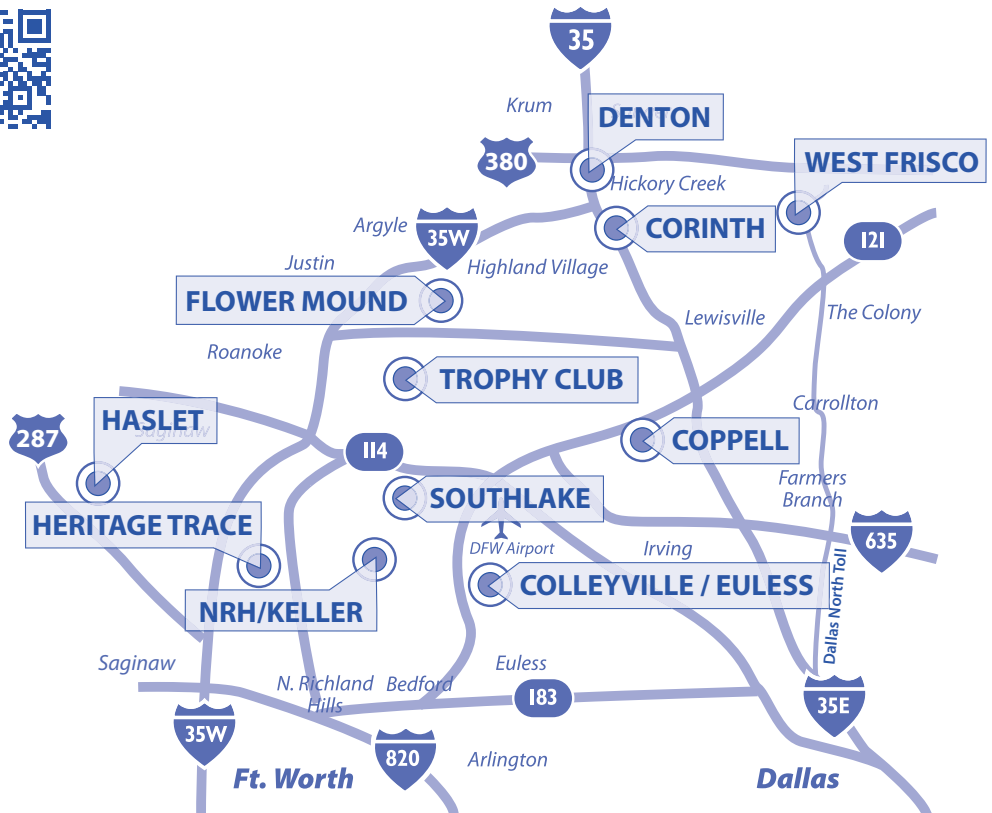
11 Locations in the Greater Dallas / Fort Worth Area

WE OFFER:

- Over 25 years of service in DFW
- Evaluations within 24-48 hours
- Extended hours
- Licensed therapists specialized in treatment and prevention of:
 - Orthopedic care
 - Vestibular
 - Fall prevention
 - Concussion therapy
 - Dry needling
 - Blood flow restriction
 - Workers' comp/ LOP/ PIP
 - Individualized exercise plans
 - TMJ

Featured on PTandMe.com

Educating patients about common injuries and conditions that can be treated with physical therapy.



COLLEYVILLE/EUESS

(Hwy 121 and Glade Rd)
2030 Glade Road, Ste. 200
Grapevine, TX 76051
p 817-684-0397 f 817-684-8253

COPPELL

JP Sims, PT, LAT, Director/Owner
413 W. Bethel Rd., Suite 400
Coppell, TX 75019
p 972-304-9100 f 972-304-9048

CORINTH

3001 FM 2181, Suite 150
Corinth, TX 76210
p 940-498-4004 f 940-498-4008

DENTON

2445 West Oak St., Suite 200
Denton, TX 76201
p 940-320-6030 f 940-320-3113

FLOWER MOUND

**Anthony Michels, DPT, OCS, CSMT
Director/Owner**
4401 Long Prairie Rd., Suite 300
Flower Mound, TX 75028
p 972-691-1331 f 972-691-1731

WEST FRISCO

5000 Eldorado Pkwy., Suite 430
Frisco, TX 75033
p 214-436-4606 f 214-436-4794

HASLET

12520 Willow Springs Rd.
Building 3, Suite 104
Haslet, TX 76052
p 817-210-6196 f 817-782-9303

HERITAGE TRACE

4364 Heritage Trace Pkwy., Suite 108
Fort Worth, TX 76244
p 817-379-1400 f 817-379-1404

NORTH RICHLAND HILLS/ KELLER

8700 N. Tarrant Pkwy., Suite 113
North Richland Hills, TX 76180
p 817-498-8344 f 817-498-8702

SOUTHLAKE

Corey Long, PT, MSPT, Director/Owner
731 E. Southlake Blvd., Suite 150
Southlake, TX 76092
p 817-442-8600 f 817-442-8603

TROPHY CLUB

2800 St Hwy 114 E, Suite 120
Trophy Club, TX 76262
p 817-491-3403 f 817-491-3308



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