

BRYAN PACILLAS, MPT

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BRYAN PACILLAS
PHYSICAL THERAPY

Date: _____

Patient Name: _____

Patient Phone: _____

Diagnosis/ICD 10: _____

Frequency/Duration: _____

Precautions: _____

- Evaluate & Treat
- Joint & Soft Tissue Mobilization
- Gait / Balance Training
- Ther. Ex. / Train or Home Program

- Patient Education
- Modalities: PRN _____

- Cervical / Lumbar Spine Program
- ADL Training

Other: _____

I certify the need for the services on an out-patient basis.

Physician Signature: _____

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