INTEGRATIVE
PHYSICAL THERAPY

4850 Goodman Rd, Suite 110, Olive Branch, MS 38654
P: 662.349.6712 F: 662.349.6782 www.iptwellness.com

Myofascial Release Therapy Order **[ ] PT - Evaluate and Treat with Myofascial Release**

Patient Name: _____ Phone #: _____

Diagnosis: _____ ICD-10: _____

Treatment Frequency:

[ ] At therapist's discretion
[ ] 1X per week
[ ] 2X per week
[ ] 3X per week
[ ] Other: _____

Treatment Duration:

[ ] At therapist's discretion
[ ] 1X per week
[ ] 2X per week
[ ] 3X per week
[ ] Other: _____

Additional comments and/or precautions: _____

Practitioner's Signature: _____ Date: _____

This prescription shall suffice as a letter of medical necessity with valid practitioner signature

Thank you for your referral!