



# Marshall

## Therapy & Sports Rehab

### ***Physical and Occupational Therapy Physician Order***

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Order: ☒ ***Evaluate and treat as determined by therapist.***

☐ ***Speech Therapy*** (offered only at North Campus at this time)

Frequency & Duration of Treatment: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_:\_\_\_\_ AM / PM

*Physician's Signature*

*Date*

*Time*

#### **Marshall Therapy & Sports Rehab - North**

*Marshall Medical Center North Campus*

40 Medical Park Drive

Guntersville, AL 35976

**256.571.8857**

**256.571.8860 (Fax)**

#### **Marshall Therapy & Sports Rehab - South**

*Across from Marshall Medical Center South's ER*

605 Corley Ave

Boaz, AL 35957

**256.891.1226**

**256.840.3288 (Fax)**

***For more information, visit [www.mmcenters.com/facilities](http://www.mmcenters.com/facilities)***