



PRESCRIPTION / REFERRAL CERTIFICATE

Members of the American Society of Hand Therapists

Phyllis Ross OTD, OTR/L, CHT, CLT

Certified Hand Therapy

Doctor: _____

Date: _____

Office Contact: _____

Phone: _____

Name: _____	DOB: _____
SSN last 4 digits: _____	*Day Time Phone: _____
Primary Insurance: _____	Policy # _____
Diagnosis: _____	ICD-10 (Diagnosis Code): _____
Treatment Location: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Finger(s) <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Forearm <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder	
Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> NO Date: _____	
Frequency: _____	
*Would you like Pinnacle Hand Therapy to setup initial appointment? <input type="checkbox"/> Yes	

OT Evaluate & Treatment

- Electrical Stimulation
- Massage
- Moist Heat / Ice
- Paraffin
- Soft Tissue / Joint Mobilization
- Ultrasound
- Whirlpool / Thermo Therapy
- Therapeutic Exercise
- Activities of Daily Living / Lifestyle Redesign

Modalities of Choice

- Dynamic Splinting
- Static Splinting
- Orthotic Fitting & Training
- Work Conditioning
- Functional Capacity Evaluation
- Home Exercise Program
- TENS
- Range of Motion Active Passive

Lymphedema Therapy

- Compression Bandages
- Compression Garments

Other: _____

Physician's Signature _____

Date: _____

(Over for patient instructions & directions)

Pinnacle Hand Therapy
 704 City Center Suite D, Newport News, VA 23606
 Located two blocks off Jefferson Ave
PHONE 757-595-4880
FAX 757-595-4886

We accept most private and government health insurance plans, workers compensation, and can arrange self payment options.

We do not accept: SENTARA BASED HMO PLANS

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In our effort to assist you with the start of your rehabilitation, we ask the following:

When you call have the following available:

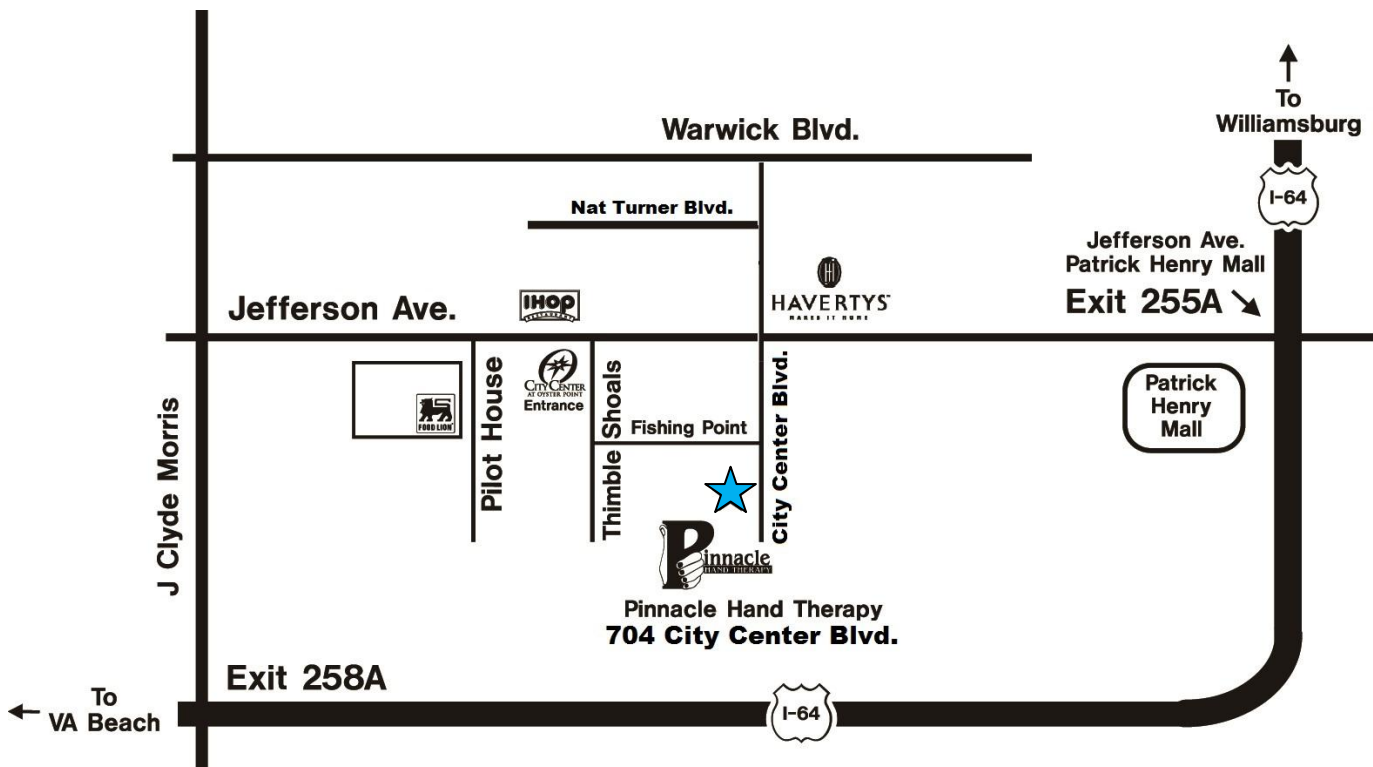
- Your insurance card
- Therapy prescription signed by your physician
- Your social security number

Let us know in advance of your appointment if you have special needs that may require modification of your treatment (i.e. language barrier, vision or hearing impairment, etc.).

Arrive 15 minutes early for your first appointment to complete registration.

- Remember to bring this signed therapy prescription from your physician
- Your insurance card (s)
- Driver's license or ID card.

Wear appropriate comfortable clothing (i.e. clothing that allow access to the injured extremity).



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