



7730 Wolf River Blvd., Suite 109  
Germantown, TN 38138  
901.522.MOR1(6671)  
901.522.6715 FAX

David Grigsby MPT, Cert MDT  
Jason Ward, MPT, Cert MDT

office@midsouthorthopaedic.com  
www.midsouthorthopaedic.com

## Outpatient Physical Therapy Prescription

---

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Precautions/Contraindications: \_\_\_\_\_

---

### Evaluation & Treatment

Specific Treatment Requests: \_\_\_\_\_

---

#### Frequency and Duration:

Therapist Discretion

\_\_\_\_\_ visits over \_\_\_\_\_ weeks

\_\_\_\_\_ x/week for \_\_\_\_\_ weeks

Comments: \_\_\_\_\_

---

---

I certify that the above therapy services requested are medically necessary.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

White copy--Office (fax to 901.522.6715) Yellow copy--patient