



THE HEALTHCARE RESORT — OF LEAWOOD —

5401 W. 143rd St., Leawood, KS 66224
913-249-3600 | FAX 913-249-3601

OUTPATIENT THERAPY ORDERS

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____

Patient Diagnosis: _____

Patient Precautions: _____

Please send copies of both sides of insurance cards.

PT Evaluation & Treatment

- LSVT Big
- Fall Prevention Clinic
- Electrical Stimulation
- Ultrasound
- Short-wave Diathermy
- Balance/Gait Training
- Strengthening
- Pain Management
- Cardiac Recovery
- Neuro Rehab

OT Evaluation & Treatment

- Wheelchair Clinic
- Urinary Incontinence Clinic
- Low Vision Clinic
- ADL Clinic
- Dementia Clinic
- Electrical Stimulation
- Ultrasound
- Upper Extremity Rehab
- Neuro Rehab

ST Evaluation & Treatment

- LSVT Loud
- Vital Stim Therapy
- Cognitive Communication Training
- Dysphagia Clinic
- Aphasia Clinic
- Dementia Clinic

Physician Signature: _____ Date: _____

Physician NPI: _____ Physician Phone Number: _____