



Deep Relief // Peak Performance
810 Kokomo Road, Suite 159
Haiku, HI 96708
P: 808.214.8224
F: 808.442.1140

PHYSICAL THERAPY PRESCRIPTION AND TREATMENT PLAN

Mackenzie Brown, LLC

->Mackenzie Brown, PT, DPT, OCS
->Nick Cohen, PT, DPT
->Brian Jerva, PT, DPT
HMSA (PPO, HMO, Akamai Advantage)
UHA, HMAA, Medicare, BCBS/Anthem
P: 808.757.5724
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Malia Lauer, LLC

-> Malia Lauer, PT, DPT
AlohaCare, HCHA, HMA, HMAA, UHA, MDX Hawaii
(Humana, UHC), HMSA (PPO, HMO, Quest),
BCBS/Anthem, Pacific Admin, TriWest, Worker's
Comp
P: 808.781.7924
F: 844.640.0691

Patient Name Date of Birth Phone

Diagnosis ICD 10

Date of Injury Date of Surgery

Insurance: ID# or Claim #:

Please evaluate and initiate treatment as needed (including re-evaluations)

Frequency: times per week Duration: weeks Total: visits

Specific Treatment Requested:

- Manual Therapy (Joint/soft tissue mobilization, PROM)
Therapeutic Exercise (ROM, stretching, strengthening)
Neuromuscular Re-education (core stabilization, postural re-education)
Vestibular Rehabilitation
Post-concussion Rehabilitation
Balance Training
HEP/Gym Program Development
Sport-Specific Rehabilitation
Mechanical Traction
Gait Training
Balance Training
Modalities (E-Stim, Laser)
Post-op Protocol
Other

Precautions/Comments

I certify that the services rendered under this prescription and plan of treatment are reasonable and necessary.

Physician's Name Date

Physician's Signature