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Physical Therapy Prescription

PATIENT INFORMATION

Name: _____ Date: _____

Diagnosis/Functional Limitation: _____

Comments/Precautions: _____

Evaluate and treat

Frequency/Duration _____ Times per week for _____ Weeks _____ Number of Visits

SERVICES

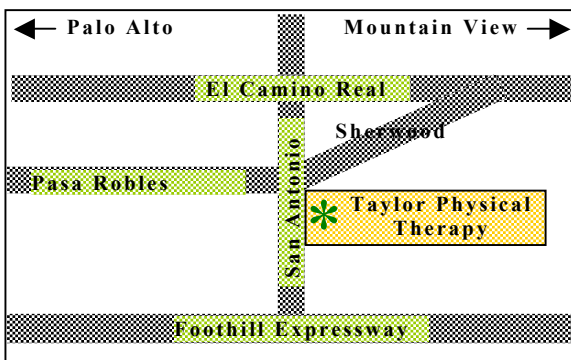
- ROM / Stretching / Flexibility
- Joint Mobilization / Soft Tissue Massage
- Strength / Conditioning
- Spine Stabilization
- Deep Tissue/Sports Massage
- Balance / Gait Training
- PNF / Coordination
- Patient Education
- Modalities
- Other _____

SPECIAL INSTRUCTIONS

Physician Name (Please Print): _____

Physician Signature: _____ NPI _____

Thank you for this referral!



PLEASE BRING THE FOLLOWING TO YOUR INITIAL VISIT:

- 1) Your physical therapy prescription (this paper)
- 2) Your Insurance Card(s)
- 3) Loose fitting clothing, shorts, or workout attire

Our clinic is located at the corner of San Antonio Road and Sherwood lane, two blocks South of El Camino Real (toward Foothill). Parking is on Sherwood. Look for a 2-story white building with the number 885 on the side.