



Northeast Atlanta
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Patient's Name: _____ Date: _____

Patient's Phone Number: _____

Diagnosis: _____

Precautions/Weight Bearing Status: _____

ICD#: _____

Diagnostic Testing/ Surgery: _____

Evaluate and Treat

Contact before commencing treatment

Other

Additional Comments: _____

I hereby certify that the services indicated above are medically necessary for this patient's diagnosis.

Physician Signature

Specialty Diagnoses Treated

Pelvic Health

- Pelvic floor dysfunction
- Pregnancy/Post-partum concerns
- Chronic Prostatitis
- Pelvic Pain
- Interstitial Cystitis
- Pudendal Neuralgia
- Bowel Dysfunction (Incontinence/Constipation)
- Urinary Incontinence
- Urinary Urgency/Frequency
- Painful sexual intercourse
- Coccygodynia
- Pediatric Bowel & Bladder Dysfunction

Vestibular Therapy

- BPPV
- Vertigo
- Post- Concussion Syndrome
- Balance Impairments
- TMJ
- Headache

Women's Health

- Osteoporosis
- Breast cancer
- Post-mastectomy care

Orthopedics

- Athletic Injuries
- Chronic Pain
- Post-surgical rehabilitation
- Overuse injuries
- Return to Sport
- Joint pain
- Neck Pain
- Back Pain
- Pediatric/ Adolescent Sports Medicine
- Osteoarthritis
- Joint Hypermobility