



Physical Therapy Prescription & Voucher
340 Southwest Boulevard
Kansas City, Kansas 66103

Scheduling Phone Number: (913) 588-6799
Fax Number: (913) 588-4568

JayDoc Free Clinic

Patient Name _____ Today's Date _____

Patient Date of Birth _____ Patient Phone _____

Medical Diagnosis _____

Check the appropriate prescription:

Evaluate only

Evaluate and Treat

Exercise Intervention

Other – please indicate _____

Precautions or contraindications specific to physical therapy procedures?

Please List:

Referring Clinic _____

Referring Physician _____

Physician Signature _____

Do you wish a copy of the physical therapy assessment be sent to you?

Yes, send report to _____

No

Physical Therapy Report: