

GANFIELD MFR THERAPEUTICS, LTD.  
Physical Therapy/Occupational Therapy

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Precautions: \_\_\_\_\_

**Treatment Plan for:**

**Comprehensive Myofascial Release**

- Evaluate and Treat
- Continue Treatment
- Treatment Sessions X 10 \_\_\_\_ 15 \_\_\_\_ Other \_\_\_\_
- Exercise \_Active\_\_\_\_\_ Passive\_\_\_\_\_ Resistive\_\_\_\_\_
- Neuromuscular Re-education
- Modalities
  - \_\_ Hot Packs/Cryotherapy
  - \_\_ Paraffin Bath
  - \_\_ Ultrasound with or without cortizone
  - \_\_ Iontophoresis
  - \_\_ TENS
- Home Program
- Splint (describe) \_\_\_\_\_
- Other

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

(by prescribing, the attending physician has determined it to be Medically Necessary.)

**Ganfield Therapeutics**  
**1125 N Delany Rd**  
**Gurnee, IL 60031**

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