



# PHYSICIAN ORDER FOR OUTPATIENT THERAPY

## Bluebonnet Medical Rehab Clinic

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clinic/location: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

<input type="checkbox"/> <b>PHYSICAL THERAPY</b> <input type="checkbox"/> AQUATIC THERAPY <input type="checkbox"/> LSVT BIG <input type="checkbox"/> MANUAL THERAPY <input type="checkbox"/> DRY NEEDLING	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> <b>OCCUPATIONAL THERAPY</b> <input type="checkbox"/> NMES <input type="checkbox"/> Vestibular Therapy	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> <b>SPEECH THERAPY</b> <input type="checkbox"/> NMES <input type="checkbox"/> MBS Study <input type="checkbox"/> LSVT LOUD	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> <b>NEUROPSYCH TESTING</b>	Evaluate & Treat	<u>Special concerns:</u>
<input type="checkbox"/> <b>TEJAS PABI DAY PROGRAM</b>	Evaluate & Treat	<u>Special concerns:</u>

DME: \_\_\_\_\_

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

**Fax or email order to 512.462.6791**  
**or [bboutpatient@uhsinc.com](mailto:bboutpatient@uhsinc.com)**

**1106 W. Dittmar Rd., Austin, TX 78745 512.462.6790**

[www.texasneurorehab.com](http://www.texasneurorehab.com)

*Located on Texas NeuroRehab Center Campus  
Entrance is to the right of main entrance for Bluebonnet Medical Rehab.*