



provision
PHYSICAL THERAPY

1400 Dowell Springs Blvd., Suite 120
Knoxville, TN 37909
T: 865.232.1415
F: 865.232.1416
info@provisiontherapy.com

DATE: _____

PATIENT NAME: _____ Dx/ICD-9: _____

PHONE (Home) _____ (CELL) _____ DOB: _____

PRECAUTIONS _____

EVALUATE AND TREAT AS INDICATED EVALUATE AND PROVIDE THE FOLOWING

_____ TOTAL NUMBER OF VISITS (**OR**) _____ TIME(S) A WEEK FOR _____ WEEK(S)

PATIENT TO RETURN TO OFFICE ON _____

THIS CERTIFIES MEDICAL NECESSITY _____

PHYSICIAN'S SIGNATURE

provisiontherapy.com

Dean Douglass, PT
Wes Franks, PT