

**Demo Physical Therapy**  
123 Test St, Suite 3  
Demo, LA 85024-1144  
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## Daily Note / Billing Sheet



**GENESIS**  
*Rehab Services*

**Patient Name:** "Little", Corky  
**Date of Birth:** 02/04/2002  
**Referring Physician(s):** Baggins, Bilbo MD  
**Surgery:** (Date) 12/03/1977  
**Visit No.:** 2

**Date of Daily Note:** 07/25/2012  
**Injury/Onset Date/Change of Status Date:** 12/09/2011  
**Diagnosis:** 754.30: Congenital Dislocation Of Hip, Unilateral  
**Date of Original Eval:** 12/09/2011  
**Treatment Diagnosis:** 754.30: Congenital Dislocation Of Hip, Unilateral

**Insurance Name:** Blue Cross/Blue Shield (AZ)

### Subjective

**Treatment Side:** N/A  
**History of Falls:** No  
**Mental Status/Cognitive Function Appears Impaired?** No

### Assessment

**Rehab Potential:** Good

### Plan

**Instructions:** Continue per Plan of Care