## **Demo Physical Therapy**

123 Test St, Suite 3 Demo, LA 85024-1144 Phone: (602)555-4879 Fax: (602)555-4880 www.google.com

# Daily Note / Billing Sheet



Patient Name: "Little", Corky

**Date of Birth:** 02/04/2002

Referring Physician(s): Brant, Horace MD / Blackwell,

Patricia ČRNP

**Date of Original Eval:** 03/27/2012

Treatment Diagnosis: 726.32: Lateral epicondylitis

Secondary Insurance Name: Gieco

**Date of Daily Note:** 08/07/2012

Injury/Onset Date/Change of Status Date: 03/27/2012

Diagnosis: 726.32: Lateral epicondylitis

Visit No.: 15

Primary Insurance Name: Allstate

### **Subjective**

History of Falls: No

Pain Scale: Worst: Best: Current:

Mental Status/Cognitive Function Appears Impaired? No

#### **Objective**

CPT <sup>®</sup> Code	Untimed Codes	Units
97012	Mechanical Traction	1
90901	Biofeedback Training	1
CPT <sup>®</sup> Code	Direct Timed Codes	Units
97032	E-Stim Manual	1
	See Flowsheet	
97035	Ultrasound/Phonophoresis	1
	See Flowsheet	
97110	Therapeutic Exercise	1
	See Flowsheet	

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#### **Assessment**

Rehab Potential: Good Patient Problems:

- patie

Short Term Goals: 1: (1 Visit) | 0% | patien |

#### Plan

Instructions: Continue per Plan of Care

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