## **Demo Physical Therapy**

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

## Physical Therapy **Progress Note**



Patient Name: "Little", Corky Date of Birth: 02/02/2008

Referring Physician(s): BERNARD, THOMAS MD /

BILLINGHURST, JASON E. MD Date of Original Eval: 01/26/2012

Treatment Diagnosis: 726.32: Lateral epicondylitis

Date of Progress Note: 03/26/2012

Injury/Onset Date/Change of Status Date: 01/26/2012

Diagnosis: 726.32: Lateral epicondylitis

Visit No.: 1

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**Informant Providing History:** Mother

History of Falls: No

## **Assessment**

Rehab Potential: Good **Patient Problems:** 

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**Short Term Goals:** 

Frequency: 1 time visit only

**Duration:** N/A

Treatment to be provided:

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this Please sign and return: Fax#: (602)555-4880 plan of care, please contact me at (602)555-4879.

I certify the need for these services furnished under this plan of treatment and while under my care.

I have no revisions to the plan of care. Revise the plan of care as follows\_

Physician Signature\_

T. BERNARD, MD

Tom Smith, ATC License #4321-5 Completed by Tom Smith, ATC on March 26, 2012 at 2:15 pm

\_2 wm\_ P.P.T.

Date: