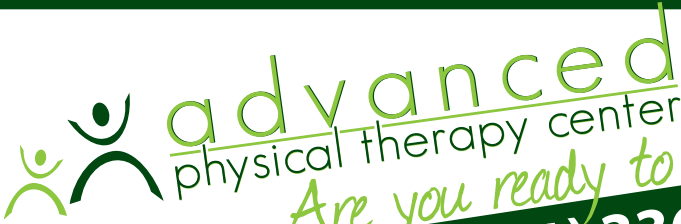


Advanced Manual Therapy &
Exercise Techniques for Orthopedic Injuries



Are you ready to advance?

ONE FAX & RELAX: (501) 336-0119
(WE'LL TAKE CARE OF THE REST!)

PHONE:
(501) 328-5878

E-MAIL:
aptc@conwaycorp.net
Ellen Haverstick, PT



PATIENT NAME _____

PATIENT PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

DIAGNOSIS: Work Related MVA Other

PLEASE FAX RECENT MRI/X-RAY REPORT IF AVAILABLE.



TREATMENT OPTIONS

THERAPIST'S DISCRETION

Other: _____



FREQUENCY AND DURATION

THERAPIST'S DISCRETION

_____ Sessions per week for _____ weeks

Other: _____



AUTHORIZING SIGNATURE _____

DATE _____

PATIENTS: VISIT OUR WEBSITE FOR IMPORTANT INFORMATION REGARDING YOUR APPOINTMENT.

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