

**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.

WWW.ADVANCEDPTCENTER.COM

1065 CLAYTON STREET, SUITE 9-COVINGTON MID-TOWN CENTER
BEHIND WALGREENS AT THE CORNER OF OAK AND HARKRIDER