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Tammy Saphir
Physical Therapist

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Patient Name: _____ DOB: _____

Patient Phone: _____

Diagnosis: _____

Patient Health Conclusions: _____

Physical Therapy Evaluate and Treatment Up to _____ visits

Physicians Name: _____ Clinic: _____

Physician Signature: _____ Date: _____

Exercise: _____ Modalities: _____

Manual Therapy: _____

Special Instructions: _____