



Patient Name _____

Date of Birth _____ Phone _____

Insurance _____ Group # _____

Policy # _____

Please fill out or attach demographics sheet

Treatment: _____

Surgery _____

Dx _____

I certify by signature that the following treatment is medically necessary

Physician Signature

Date

Physician Name (Print)

Eval and Treat

OT (Hand Therapy)

Frequency _____

Duration _____

Auburn

1530 East Glenn Ave
Suite C
Auburn, AL 36830
(334) 502-7839
fax: (334) 502-7879

Gadsden

465 George Wallace Dr
Gadsden, AL 35903
(256) 439-1550
fax: (256) 439-1551

Montgomery (East)

8117 Old Federal Rd
Montgomery, AL 36117
(334) 380-5920
fax: (334) 380-5921

Trussville

1483 Gadsden Highway
Suite 116
Birmingham, AL 35235
(205) 655-1921
fax: (205) 655-4299

Bessemer/McCalla

4774 Eastern Valley Rd
Suite 109
McCalla, AL 35111
(205) 477-1501
fax: (205) 477-1559

Greystone

2823 Greystone
Commercial Blvd.
Birmingham, AL 35242
(205) 408-1713
fax: (205) 408-1170

Montgomery -

Carmichael Rd (Midtown)
4142 Carmichael Rd
Suite B
Montgomery, AL 36106
(334) 839-5070
fax: (334) 839-5075

Vestavia

1944 Canyon Rd
Suite 100
Vestavia Hills, AL 35216
(205) 822-7607
fax: (205) 822-7614

Crestline

205 Country Club Park
Birmingham, AL 35213
(205) 871-0777
fax: (205) 871-0701

Hoover

3421 S. Shades Crest Rd
Suite 107
Hoover, AL 35244
(205) 987-6501
fax: (205) 987-6503

Pelham

3569 Pelham Pkwy
Suite 7
Pelham, AL 35124
(205) 664-8404
fax: (205) 664-8559

Fultondale

3471 Lowery Pkwy
Suite 107
Fultondale, AL 35068
(205) 849-6566
fax: (205) 849-6563

Jasper

200 N Airport Rd
Jasper, AL 35504
(205) 387-3266
fax: (205) 387-3267

Pell City

85 Plaza Dr
Pell City, AL 35125
(205) 338-6106
fax: (205) 814-9180

Scan the QR code
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about our hand
therapy services.

