

Patient Name _____
 Date of Birth _____ Phone _____
 Email _____
 Insurance _____ Group _____
 Policy # _____

Is this a work-related injury? Yes No

Employer _____

Case Manager Info

Evaluate and Treat

I certify by signature that the following treatment is medically necessary.

Dx _____ PT OT (Hand Therapy)

Surgery _____ Treatment _____

Frequency _____ Duration _____

 Physician Signature

 Date

 Physician Name (Print)

Cullman

1208 Cullman Shopping
 Center NW
 Cullman, AL 35055
 P: (256) 775-4456
 F: (256) 775-8845

Florence ♀

3226 Florence Blvd
 Florence, AL 35634
 P: (256) 275-3312
 F: (256) 367-4122

Gadsden 🖐️

465 George Wallace Drive
 Gadsden, AL 35903
 P: (256) 439-1550
 F: (256) 439-1551

Huntsville - Airport Road ♀

964 Airport Road
 Suite 10
 Huntsville, AL 35802
 P: (256) 285-4250
 F: (256) 285-4255

Huntsville - University Dr ♀

6485 University Drive NW
 Suite C
 Huntsville, AL 35806
 P: (256) 513-8280
 F: (256) 513-8286

Jasper ♀ 🖐️

200 North Airport Road
 Suite 10
 Jasper, AL 35504
 P: (205) 387-3266
 F: (205) 387-3267

