

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

Is this a work-related injury? Yes No

Claim # _____

Employer _____

Case Manager Info

Adjuster Info

Date of Injury

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)

Athens
 1061 Kelli Drive, Suite C2
 Athens, AL 35613
 (256) 262-3830
 fax: (256) 262-3835

Huntsville - Airport Rd ♀
 964 Airport Road, Suite 10
 Huntsville, AL 35802
 (256) 285-4250
 fax: (256) 285-4255

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

Huntsville - University Dr ♀
 6485 University Dr, Suite C
 Huntsville, AL 35806
 (256) 513-8280
 fax: (256) 513-8286

Florence ♀
 3226 Florence Blvd.
 Florence, AL 35634
 (256) 275-3312
 fax: (256) 367-4122

Jasper ♀👤
 200 N. Airport Road, Suite 10
 Jasper, AL 35504
 (205) 387-3266
 fax: (205) 387-3267

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

♀ Pelvic Health Therapy Available
 👤 Hand Therapy Services (OT) Available

Scan the QR code
 to view all clinic
 location details.

