

**Andrew Garrett, D.C.**  
Clinic Director



**RETURN TO HEALTH**

**Morenike Badmus, D.P.T.**  
Physical Therapy

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Attorney/Insurance Information: \_\_\_\_\_ / \_\_\_\_\_

**\_\_\_ EVALUATE AND TREAT**

**THERAPY:**

- \_\_\_ PHYSICAL THERAPY
- \_\_\_ AQUATIC THERAPY
- \_\_\_ WORK HARDENING/CONDITIONING PROGRAMS
- \_\_\_ EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT)

**DIAGNOSTIC STUDIES:**

- \_\_\_ PPT (Physical Performance Test)
- \_\_\_ FCE (Functional Capacity Evaluation)

**\_\_\_ IMPAIRMENT RATING**

**\_\_\_ CUSTOM ORTHOTIC SHOE INSERTS**

**\_\_\_ SHOETHOTICS**

Shoe Plus Custom Orthotic

**Comments/Precautions:**

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*I have examined the patient and have determined that outpatient rehabilitation is medically necessary.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to Health, LLC**  
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