STRENGTH BUILDER
PHYSICAL THERAPY & MASSAGE
808.521.3617 (call/text) | info@sbpthawaii.com
www.sbptandmassage.com

Liliha Professional Building 1520 Liliha St., Ste 302 Honolulu, HI 96817 | fax: 808.537.1578

REY P. OLIVA, RPT ELROY K. CHONG, RPT
MARCELA FELIPE, LMT MAELY E. VILLAGOMEZ, LMT

☐ **PHYSICAL THERAPY PRESCRIPTION** ☐ **MASSAGE THERAPY PRESCRIPTION**

Patient: _____ DOB: _____Phone: _____

Insurance: _____ Member ID: _____

Additional Insurance Information: _____

_____

Diagnosis Code: _____

Diagnosis or S/P: _____

Precautions: _____

Frequency/Duration: _____times per week, for _____ weeks

Notes/Memo: _____

_____

_____

SPECIFIC TREATMENTS

____ Electrical Stim
____ Ultrasound
____ Pelvic Traction
____ Cervical Traction
____ Massage
____ Crutch Walking
____ Myofacial Release
____ Postural Program
____ Back Stabilization
____ Joint Mobilization
____ General Strengthening
____ Dynamic/Isometric Rotator Cuff Training
____ Plyometrics
____ Proprioception
____ Gait Training
____ ARP Training
____ Ther. Exercise

Other: _____

MD: _____ **Physician Signature:** _____ **Date:** _____

NPI: _____ **Ph:** _____ **Fax:** _____ **Next MD Follow-up:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____