

Outpatient Rehabilitation Services

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Patient Name:		Date:	
Diagnosis:		ICD-10 Code:	
Frequency:	a week for	weeks.	
Precautions:			
Physical Ther	apy and Cancer Rehat	oilitation	Speech Therapy
□ Evaluate and treat □ Vestibular Rehabilitation □ Therapeutic Exercise □ Neuromuscular Re-education □ Balance and Coordination Exercises □ Patient or Family Education □ Prosthetic or Orthotic Training □ Canalith Repositioning □ Electrical Stimulation	□ Soft Tissue Mobilization □ Functional Mobility/ADL Training □ Home Exercise Program □ Joint Mobilization □ Traction □ Strength and Conditionong □ Gaze Stability Exercises □ Taping □ Laser Therapy	 ☐ Head and Neck Cancer Rehabilitation ☐ Breast Cancer Rehabilitation ☐ Cancer-related Fatigue ☐ Lymphedema Management ☐ Patient or Family Education ☐ Soft Tissue Management ☐ Pelvic Floor Rehabilitation ☐ Other: 	 □ Speech and Language Evaluation □ Dysphagia Evaluation □ Treatment as Needed □ Modified Barium Swallow Study (MBSS) □ Other:
Electrical Stiffulation			

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