Central Physical Therapy, LLC
13111 Hooper Rd.
Central LA, 70818
Tel: (225) 261-7094
Fax: (225) 261-7095
www.centralptonline.com

Helen M. Balzli, PT
Owner
Tom Coplin, PT
Owner/Administrator

Erik Strahan, DPT, ATC
Richard O'Quinn, PT
Sarah Fryoux, DPT, ATC
Jacob Fryoux, DPT, ATC

Patient Name: _____

D a t e: _____

Diagnosis: _____

ICD10 Code_____

PHYSICAL THERAPY

☐ Evaluate and Treat ☐ Continue Therapy ☐ Aquatic Therapy

Frequency / Duration: _____

S p e c i a l I n s t r u c t i o n s: _____

_____

I certify that I have examined this patient and have determined that the above ordered services are medically necessary while the patient is under my care.

_____

Physician's Signature Date