

**Helen M. Balzli, PT**  
Owner

**Tom Coplin, PT**  
Owner/Administrator

**TELEPHONE: 225-261-7094**

# Central Physical Therapy

**13111 Hooper Road**  
**Baton Rouge, LA 80818**

**Erik Strahan, DPT, ATC**

**Richard O'Quinn, PT**

**FAX: 225-261-7095**

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD9 Code: \_\_\_\_\_

**PHYSICAL THERAPY**

- Evaluate and Treat
- Continue Therapy

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

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Physician's Signature

Date