



**PEOPLE YOU KNOW.
EXPERIENCE YOU CAN TRUST.**

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

Erik Strahan, DPT, ATC
Richard O'Quinn, PT
Greta Spengler, PT, DPT

Patient Name: _____ DOB: _____

Patient's contact number: _____

Date: _____

Diagnosis: _____

ICD10 Code _____

PHYSICAL THERAPY

Evaluate and Treat Continue Therapy Aquatic Therapy

Frequency / Duration: _____

Special Instructions: _____

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

Helen Balzli, PT, Owner Tom Coplin, PT, Owner
Erik Strahan, PT, DPT, ATC, LAT, Astym Certified
Richard O'Quinn, PT, Herdman Certified Vestibular Therapist
Greta Spengler, PT, DPT, MTC, Graston, Dry Needling Certified, Aquatic Specialist
Concussion Health Certified Facility