

Newbridge Commons
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Asheville, NC 28804



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The Overlook at Lake Julian
600 Julian Lane, Suite 660
Arden, NC 28704

Patient Name: _____ DOB: _____

Diagnosis: _____ ICD-10: _____

Address: _____ Patient Phone: _____

Medical Insurance: _____ Policy Number: _____

Evaluation & Treatment

Therapeutic Exercise

Manual Therapy

Core Stabilization

Neuromuscular Re-Education

Vestibular

Pelvic Health

Urinary Incontinence

Fecal Incontinence

Pelvic Pain

Pregnancy & PostPartum

Dyspareunia

EMG

Other

Craniofacial/TMJ Evaluation

Gait Training

Weight bearing status _____

Lymphedema

Breast Cancer Rehabilitation

Precautions _____

This patient has an Excellent/Good/Fair prognosis for therapy services

I have examined this patient and certify that the prescribed Physical Therapy is medically necessary.

Practice Name

Physician Signature

License Number

Date