

CHECK

AUGUSTA

1930 A Highland Avenue
Augusta, GA 30904

PHONE (706) 481 - 9105

FAX (706) 481 - 9107



Healing Hands

Physical Therapy Centers

Doctor's Letter of Medical Necessity (Prescription)

CHECK

THOMSON

1043 Washington Road
Thomson, GA 30824

PHONE (706) 597 - 1190

FAX (706) 597 - 1191

Patient's Name: _____
FIRST LAST MIDDLE

EVALUATE AND TREAT (Must be checked to initiate treatment.)

Primary Diagnosis: _____ ICD-9 Code: _____

Secondary Diagnosis: _____ ICD-9 Code: _____

Approximate Frequency and Duration of Treatment: _____ times/week X _____ weeks

COMMENTS:

Doctor's Signature: _____ Date: _____