

Fax To: Post Falls (208) 777-4020  
Or Coeur d'Alene (208) 665-2009

**Post Falls:**  
1590 E Polston Ave., Ste B  
Post Falls, ID 83854  
Phone (208) 777-4242  
Fax (208) 777-4020



**Coeur d'Alene:**  
3322 Grand Mill Lane  
Coeur d'Alene, ID 83814  
Phone (208) 665-2000  
Fax (208) 665-2009

Mark Bengtson, MPT – Stefanie Wren, DPT –  
Shawna Clegg, DPT – Derrick Webb, DPT – Bo Jones, PTA

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

Patient DOB: \_\_\_\_\_

Diagnosis / ICD10 Codes: \_\_\_\_\_

Precautions / Instructions: \_\_\_\_\_

**Treatment:**  Evaluate and establish an appropriate rehabilitation program

- Therapeutic Exercise
- Joint Mobilization
- Myofascial Release / Massage
- Spinal Stabilization Program
- Post Surgical Protocol
- Postural Restoration Program
- Mckenzie Method
- Gait/Assistive Device Training
- Orthotic Fabrication
- Graston Technique

- Industrial Rehabilitation**
- Functional Capacity Evaluation
  - Work Conditioning
  - Pre-Employment Screening
  - Job Site Assessment
  - Work Evaluation
  - Return to Work Functional Tests

- Women's Health Services**
- Pre & Post Partum Care

- Vertigo Rehabilitation**
- Benign Paroxysmal Positional Vertigo (BPPV)
  - Vestibular Dysfunction
- Specialties**
- TMJ Dysfunction
  - Osteoporosis Treatment
  - Fall Prevention
  - Fibromyalgia
  - Progressive Reconditioning

Specific Recommendations: \_\_\_\_\_

Note: All patients will receive instruction in a home program and patient education

Treatment Plan:  Therapist Discretion  
 1 2 3 4 5 times per week for \_\_\_\_\_ weeks.

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Provider Printed Name: \_\_\_\_\_  
Signature Certifies Medical Necessity

Date of Physician follow up appointment: (if applicable) \_\_\_\_\_

NPI # \_\_\_\_\_

**Thank You for Your Referrals**