
ATHENS ■ ■ ■ ■ ■ NEURO & BALANCE ■ REHABILITATION ■ ■

Providers of physical therapy services
for vertigo, balance, CVA, Parkinsons, MS
and other neurological impairments

TREATMENT PRESCRIPTION

Patient's Name: _____

Diagnosis/ICD-9/ICD-10: _____

Medical Precautions: _____

Please mark appropriate boxes:

- Vestibular/Dizziness Evaluate and Treat
- PT Evaluate and Treat

Comments _____

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature: _____ Date: _____

Physician's Name (please print) _____

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