FISHERS
10412 Allisonville Rd., Suite #117
Fishers, IN 46038
p: 317.567.8500
f: 317.567.8501

N. MERIDIAN
8902 N. Meridian St., Suite #120
Indianapolis, IN 46260
p: 317.581.1890
f: 317.581.2436

ZIONSVILLE
70 Brendon Way
Zionsville, IN 46077
p: 317.733.2800
f: 317.733.2801

www.bodyonept.com

Patient Name: _____

Patient Date of Birth: _____

Patient Phone: _____

Diagnosis: _____

Frequency: _____ visit/week

Duration: _____ weeks

Precautions/Special Considerations: _____

❑ Evaluate and Treat

- ❑ Therapeutic Exercise
- ❑ Manual Therapy
- ❑ Dry Needling
- ❑ Modalities as needed
- ❑ Bracing or Taping
- ❑ Vestibular Rehabilitation
- ❑ Augmented soft tissue mobilization/Graston
- ❑ Custom Foot Orthotics
- ❑ Work Conditioning
- ❑ Sports-specific Training
- ❑ Gait Training
- ❑ Manipulation
- ❑ TMD Program

Other: (specify) _____

I certify that these services are medically necessary.

Signature: _____ Date: _____

Healthcare Provider's Name (please print):

_____

Credentials i.e. MD, DDS, PA): _____