

Rehab4LIFE

PHYSICAL THERAPY

4674 40th Ave. S. Suite A, Fargo, ND 58104
701-293-7294 701-282-9738 (fax)

Stephanie Stremick, MPT

To schedule an appointment, please call 701-293-7294

Patient Name: _____ **DOB:** _____ **Phone #:** _____

Referring Dentist: _____

Diagnosis: _____

Temporomandibular Disorders

Disc Displacement with or without reduction
Dislocation / Subluxation
Osteoarthritis
Fractures
Post Operative Rehabilitation
Inflammatory Disorders

Pain Disorders

Myofascial Pain Disorders
Fibromyalgia
Cranio-mandibular Pain

Cervical/Thoracic sprain/strain

Headaches and Vertigo

Postural Imbalance

Surgical Procedure: _____

Precautions: _____

Treatment Plan:

Evaluate and Treat: _____

Continue Treatment: _____

Treatment/Specific Request: _____

Iontophoresis prn; Dexamethasone Sodium Phosphate 4 mg/ml **or** 5 % Acetic Acid , 2-3 ml/treatment

Phonophoresis 10 % Hydrocortisone

Goals: Decrease Pain Improve ROM Improve Strength Improve Mobility Improve Function

Plan: Frequency: _____ x/week Duration: _____ weeks

Dentist Signature

Date

Please fax this referral slip to 701-282-9738. THANK YOU!