



10500 University Center Drive, Unit 130
Tampa, FL 33612
Phone: 813-977-7999
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Physical Therapy Prescription Form

Patient Name		DOB	
ICD-10 Diagnosis Code(s)		ICD-10 Accident Code(s)	
		Additional Code(s)	

Physician Name	
Follow Up Date	
Precautions	
Comments	

- Evaluate and Treat
- Other: (please specify)
- _____

I hereby certify that the prescribed Physical Therapy is medically necessary for this patient's plan of care.

Physician Signature

Date

Physicians, please fax this referral slip to (813) 977-7444. THANK YOU!