PHYSICAL THERAPY / OCCUPATIONAL THERAPY ORDERS MARSHALL ORTHOPAEDICS

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PATIENT NAME:		
UKF G<	"""""FCVG'QH'RPLWT["I'UWTI	GT["<"""""""""""""""""""""""""""""""""""
DIAGNOSIS:		
AGENCY:		
PLEASE EVALUATE AN	D TREAT	
Sessions per week:	Number of weeks:	Side affected:
Area affected:		
Weight bearing status:		
Shoulder abduction:		
Brace / sling / crutches or wa	alker:	
Notes:		
GOALS OF THERAPY: in	acrease range of motion; improve pr decrease pain and swelling	oprioception; increase strength;