

Patient Name and DOB: _____



University Health System
Reeves Rehabilitation Center

Outpatient Rehabilitation Order

Diagnosis: _____

Date of Injury/Onset of Symptoms: _____

- Precautions: None
 Medical: _____
 Orthopedic: _____
 Other: _____

Prescribed Services:

PHYSICAL THERAPY

- Evaluate and treat
- Evaluate and treat for EKSO exoskeleton for weight bearing, standing and gait training
- Vestibular Rehabilitation
- Therasuit Method Intensive Program: Up to 3 hrs/day x 5 days x 3 weeks
- Bioness LE Therapy
- Pre/Post Breast Surgery
- Other: _____

Frequency/Duration:

- Per Therapist
- Other _____

OCCUPATIONAL THERAPY

- Evaluate and treat
- Hand Therapy
- Splinting
- Pre-op Breast Surgery
- Post-op Breast Surgery
- Lymphedema Treatment
- Driving Assessment
- Bioness UE Therapy
- Other: _____

Frequency/Duration:

- Per Therapist
- Other _____

SPEECH THERAPY

Evaluate and treat for:

- Cognition
- Language/learning disorders
- Dysarthria/Apraxia
- Voice disorders
- Video Swallow Study
- Flexible Endoscopic Eval
- Feeding disorders
- Other: _____

Frequency/Duration:

- Per Therapist
- Other _____

Requesting Physician : _____ Date: _____ Time: _____

Signature: _____ ID# _____

Phone: _____ Fax: _____

Reeves Rehabilitation Outpatient Clinics:

Medical Center Pavilion: 4647 Medical Drive, San Antonio Ph: 210-358-2710 Fax: 210-358-4739

Robert B Green: 903 W Martin, San Antonio. Ph: 210-358-5815 Fax: 210-358-3685

Texas Diabetes Institute: 701 Zaramora, San Antonio. Ph: 210-358-7024 Fax: 210-358-7869

Southeast Family Health Center: 1055 Ada St. San Antonio. Ph: 210-358-7024 Fax: 210-358-7869

Please send patient demographics and any pertinent medical records along with this order

Reeves OP Rehabilitation Order

BCHD #192-50 11/16

