

Your Physician Has Recommended Physical Therapy

Now What?

—Follow These 3 Steps:—

Step 1:

Call one of our locations below or go to the "Appointment Request" page at Oasisphysicaltherapy.com to book your appointment. When you call or check-in online, a special patient information packet will be sent to you with all the information you may need, to take advantage of all our patient resources. Not sure whether Oasis PT can help your condition? Ask for a free consultation to discuss your case with our staff.

Step 2:

Get answers to your questions before you come in by visiting Oasisphysicaltherapy.com where you will find patient friendly, easy to read reports, FAQ's and information.

Step 3:

What to expect on your first visit:

- Waiting time typically not to exceed 5 min from your scheduled appointment time once your paperwork is completed.
- In many cases pain relief after first visit.
- Customized plan of care and report promptly sent to your physician.

Location:

Pasco Office

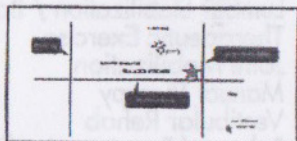
6825 Burden Blvd, Ste D

Pasco, WA 99301

Phone: 509-545-1010

Monday-Thursday 7am-7pm

Friday 7am-4pm



Richland Office

2418 W. Garlick Blvd.

Richland, WA 99354

Phone: 509-375-1015

Monday & Wednesday 7am-7pm

Tuesday & Thursday 7am-5pm

Friday 7am-3pm



Kennewick Office

4303 W 24th Ave, Ste B

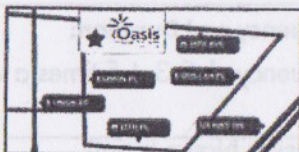
Kennewick, WA 99338

Phone: 509-572-3836

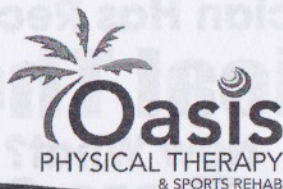
Monday, Wednesday, Thursday 7am-5:30pm

Tuesday 12pm-5:30pm

Friday 7am-12pm



www.Oasisphysicaltherapy.com



Pasco
Richland
Kennewick

Phone: 509-545-1010

Fax: 509-545-1112

Phone: 509-375-1015

Fax: 509-375-1381

Phone: 509-572-3836

Fax: 509-396-3133

Patient Name: _____ Phone: _____

Diagnosis: _____ Date: _____

Physical Therapy orders:

- Evaluate and Treat
- Evaluate ASAP (24-48 hrs)

Massage Therapy orders:

- Evaluate and Treat

Aquatic Therapy orders:

- Evaluate and Treat

- Graston Soft Tissue Technique
- Work Conditioning Program
- Auto Injury Rehab Program
- Pre/Post Op Protocol
- TMJ Program
- Postural Program
- Lumbar Stabilization / Back School
- Therapeutic Exercise
- Joint Mobilization
- Manual Therapy
- Vestibular Rehab
- Balance / Proprioception/Biofeedback

- Mechanical Vibration Therapy
- Gait Training
- PROM / AROM / AAROM
- Myofascial Release
- Traction: Cervical / Lumbar
- Trigger Point Therapy
- Home Exercise Program
- Pediatric Sports Rehab Program
- Fibromyalgia Treatment Program
- Aquatic Therapy Program
- Arthritis Therapy Program

Modalities

- Moist Heat/Ice
- Infrared Light Therapy
- Electric Stimulation
- Iontophoresis
- Ultrasound
- Phonophoresis

Special Considerations: _____

Frequency and Duration:

Frequency: 1 2 3 4 5 times a week for _____ weeks or Until resolved

Physician Name (print) _____ MD, DO, DC, DDS,
DPM, PA/C, ARNP Physician signature _____

Provider's Phone Number: _____

In making this referral, the physician certifies that this prescribed physical therapy is a medical necessity. This facility provides service to all persons without regard to race, color, national origin, handicap, or age.

www.Oasisphysicaltherapy.com