



CUSTOM

PHYSICAL THERAPY

RELIEVING PAIN, RESTORING FUNCTION

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SPARKS

1450 E. Prater Way
Suite 103
Sparks, NV 89434
T: 775.331.1199
F: 775.331.1180

Patient: _____

Patient Daytime Phone: _____

Diagnosis: _____

Frequency: _____ times per week Duration: _____ weeks

SOUTH RENO

11331 South Virginia
Suite 3
Reno, NV 89511
T: 775.853.9966
F: 775.853.9969

EVALUATE & TREAT

IS THERE ANY INFORMATION WE SHOULD KNOW?

NW RENO

1610 Robb Drive
Suite D5
Reno, NV 89523
T: 775.746.9222
F: 775.746.9224

www.custom-pt.com

Custom Physical
Therapy is featured on

PTandMe.com

*An informational site
for patients interested
in or considering physical,
occupational, and/or
hand therapy.*

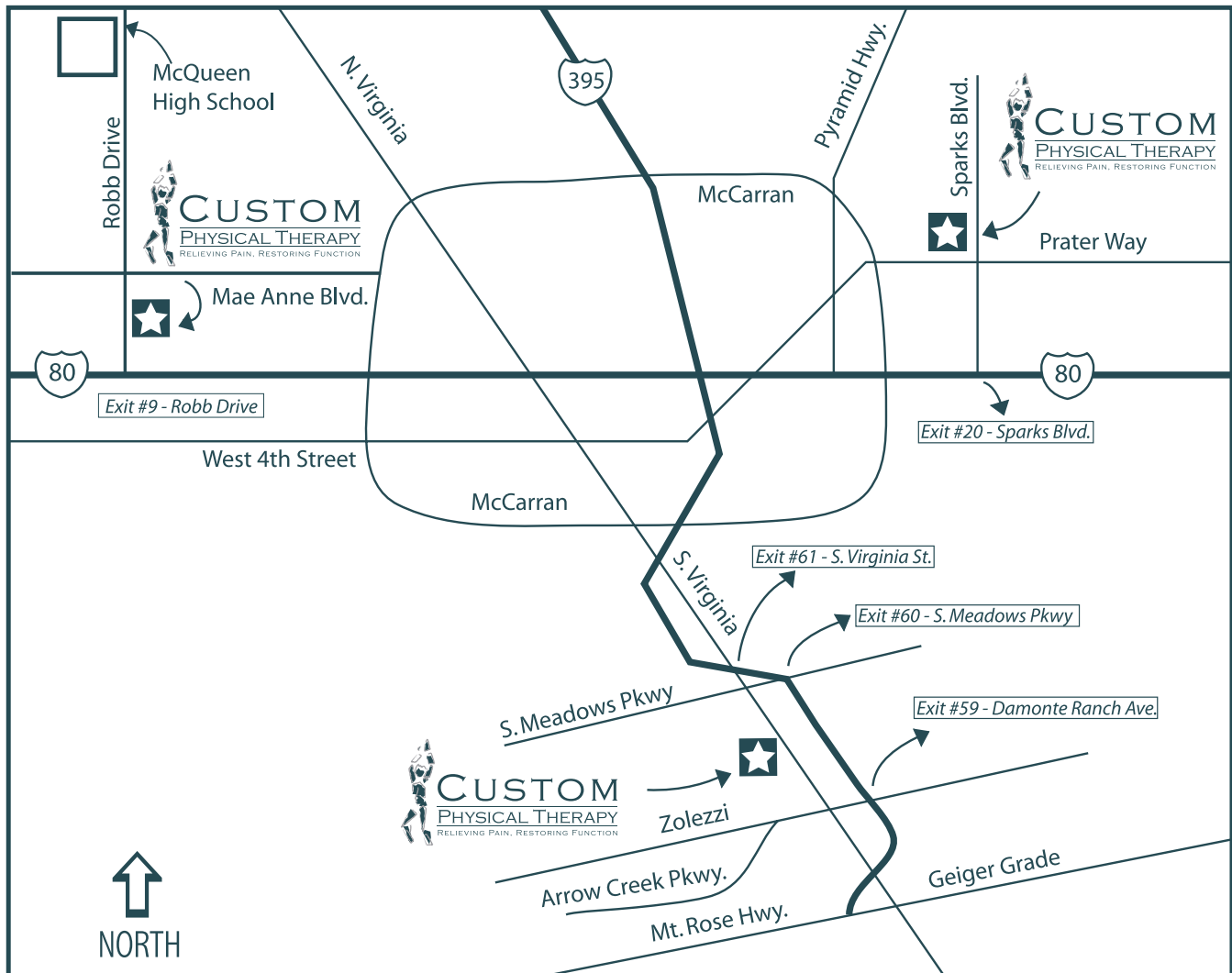
*The above plan of care is established and will be reviewed every 30 days.
I certify the medical necessity of physical therapy.*

Physician's Signature: _____

Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

www.custom-pt.com



Just a Reminder

Please bring this referral slip with you on your first visit.

Please arrive 20 minutes before your scheduled appointment to complete any necessary paperwork.

Evaluations (1st visit) usually last 60 to 90 minutes.

What to Wear

Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

What to Bring (Insurance Forms)

Referral slip from your doctor.

Insurance Card

For worker's compensation claim, bring employer information number.