## EPPTS-NPI# 1902915846 PATIENT INFORMATION Date: Patient Name: Patient DOB: Patient Contact Number: Diagnosis: O Right O Left \_\_\_\_\_ Evaluate & Treat: \* PLEASE NOTE: EPPTS has patient referral connectivity via LEADING REACH/P2P O General Orthopedics O Total Joint Replacement Therapy O General Rehabilitation O Shoulder Rehabilitation O Sports Injuries/Prevention O Pediatrics (Musculoskeletal Condition) Knee Rehabilitation O Blood Flow Restriction-BFR O TMJ Rehabilitation O *Posture* Exercise Program O Neck/Back Pain O Dry Needling O Foot & Ankle Rehabilitation O Geriatric Conditioning/Weakness O Osteoporosis Program O Fall Prevention/Balance O Hand Therapy Work Conditioning Program Additional diagnosis and/or special instructions: I Certify that Therapy is Medically Necessary:

- \* EPPTS accepts patients ages 4 and older.
- \* Medicaid Plans EPPTS accepts Medicaid as <u>PRIMARY ONLY UNDER 21</u> years of age. However, we accept Medicaid <u>OVER 21</u> as <u>SECONDARY ONLY</u> with <u>MEDICARE</u> as a <u>PRIMARY</u>
- \* Worker's Compensation (Accept Most Texas and New Mexico Plans)





Physician Name (Please print): Office phone number:

Physician Signature: \_\_\_\_\_ Office fax number:

