



Xcelerate Physical Therapy
214 S Newtown Street Rd
Newtown Square, PA 19073-4000
Office: 610-624-5111
Fax: 610-624-1324
www.xcelr8pt.com

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

EVALUATE & TREAT

- Manual Therapy
Sports Specific Training / Rehab
Therapeutic Exercise
Modalities
Neuromuscular Re-education
Vestibular Training
Gait Training

Pre Post Operative Rehabilitation Protocol for \_\_\_\_\_
Date of Surgery \_\_\_\_\_

Other: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

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

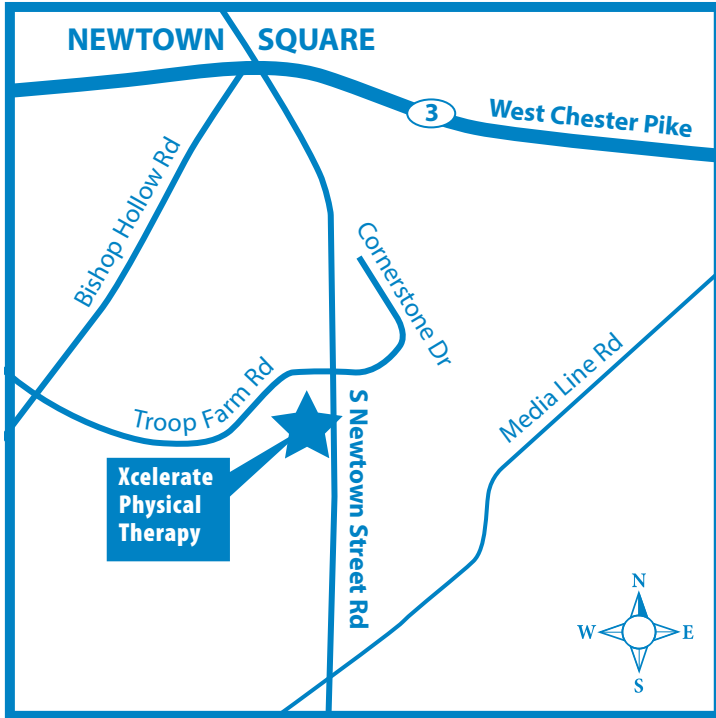
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.



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## CONVENIENTLY LOCATED



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### JUST A REMINDER:

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
- The evaluation (1st visit) usually lasts 1 hour.

### WHAT TO WEAR:

- Please wear comfortable clothing.