



Outpatient Therapy Services

Lovelace Health System

**PLEASE FAX ALL NEW ORDERS/SCRIPTS TO 505.727.9271
TO SCHEDULE ALL THERAPY APPOINTMENTS CALL 505.727.4725**

PATIENT NAME: _____ MRN/SS#: _____

INSURANCE: _____

PATIENT PHONE NUMBER: _____ DOB: _____

DIAGNOSIS: _____

ICD 10: _____ DATE OF ONSET: _____

DATE OF SURGERY: _____ TYPE OF SURGERY: _____

COMMENTS (INCLUDE PRECAUTIONS): _____

FREQUENCY: DAILY 2x/wk 3x/wk Weekly

DURATION: 1 Week 2 Weeks 3 Weeks 1 Month 2 Months 3 Months

LOCATION PREFERENCE: _____

PHYSICAL THERAPY

- Evaluate and Treat**
- Neuromuscular Re-education
- Therapeutic Exercise
- Gait/Mobility
- Manual Therapy
- Modalities
- Equitest/Computerized Balance Evaluate & Treat^R
- Balance/Fall Prevention
- Vestibular Rehab
- TENS Unit Instruction
- Aquatic Physical Therapy^R
- Work Injury Program^{RW}
 - Job Site Analysis^{RW}
 - Functional Capacity Evaluation^R
 - Pre-employment Screening^R
- SportsmetricsTM Injury Prevention Program^W
- Wheelchair Evaluation^R
- Pelvic Floor Rehabilitation^W
- Iontophoresis/Phonophoresis per policy
- Pre/Post Natal Program
- Other _____

OCCUPATIONAL THERAPY

- Evaluate and Treat**
- Neuromuscular Re-education
- Therapeutic Exercise
- Hand/Upper Extremity Therapy
- Manual Therapy
- Modalities
- Visual/Perceptual Training
- Community Re-entry
 - Home Safety Evaluation
 - ADL/Adaptive Equipment Eval
- Driver's Screening^R
- Upper Ext Splinting/Orthotics
- Wound Care
- Iontophoresis/Phonophoresis per policy
- Cognitive training for ADLs
- Other _____

PARKINSON'S PROGRAM PHYSICAL THERAPY/SPEECH LANGUAGE PATHOLOGY/ OCCUPATIONAL THERAPY

- Evaluate & Treat**
- Other _____

SPEECH/LANGUAGE PATHOLOGY^R

- Evaluate & Treat**
 - Voice Eval/Treat
 - Bedside Swallow Assessment
 - Videolaryngostroboscopy*
 - Videofluoroscopic Swallow Assessment
 - FEES - Fiberoptic Endoscopic Eval of Swallow*
 - Mild Brain Injury Program
 - Other _____
- *(w/ topical anesthetic as indicated)

HAND THERAPY SERVICES OCCUPATIONAL THERAPY

- Evaluate & Treat
Hand/Upper Extremity Therapy**
- Upper Ext Splinting/Orthotics
- Iontophoresis/Phonophoresis per policy
- Wound Care
- Other _____

LYMPHEDEMA THERAPY SERVICES OCCUPATIONAL THERAPY^{R W}

- Evaluate & Treat**
- Manual Therapy
- Therapeutic Exercise/Activity
- Other _____

R = Lovelace UNM Rehabilitation Hospital site only **W** = Women's Hospital site only **WS** = Westside Hospital site only

WE GLADLY ACCEPT MOST INSURANCE PLANS, We accept most major insurance plans, including Blue Cross and Blue Shield of New Mexico, TRICARE, Medicare, all Centennial/Medicaid plans, all Presbyterian plans, New Mexico Health Connections, True Health New Mexico, United Healthcare, Western Sky Community Care and United Retiree Health Care Authority and many others

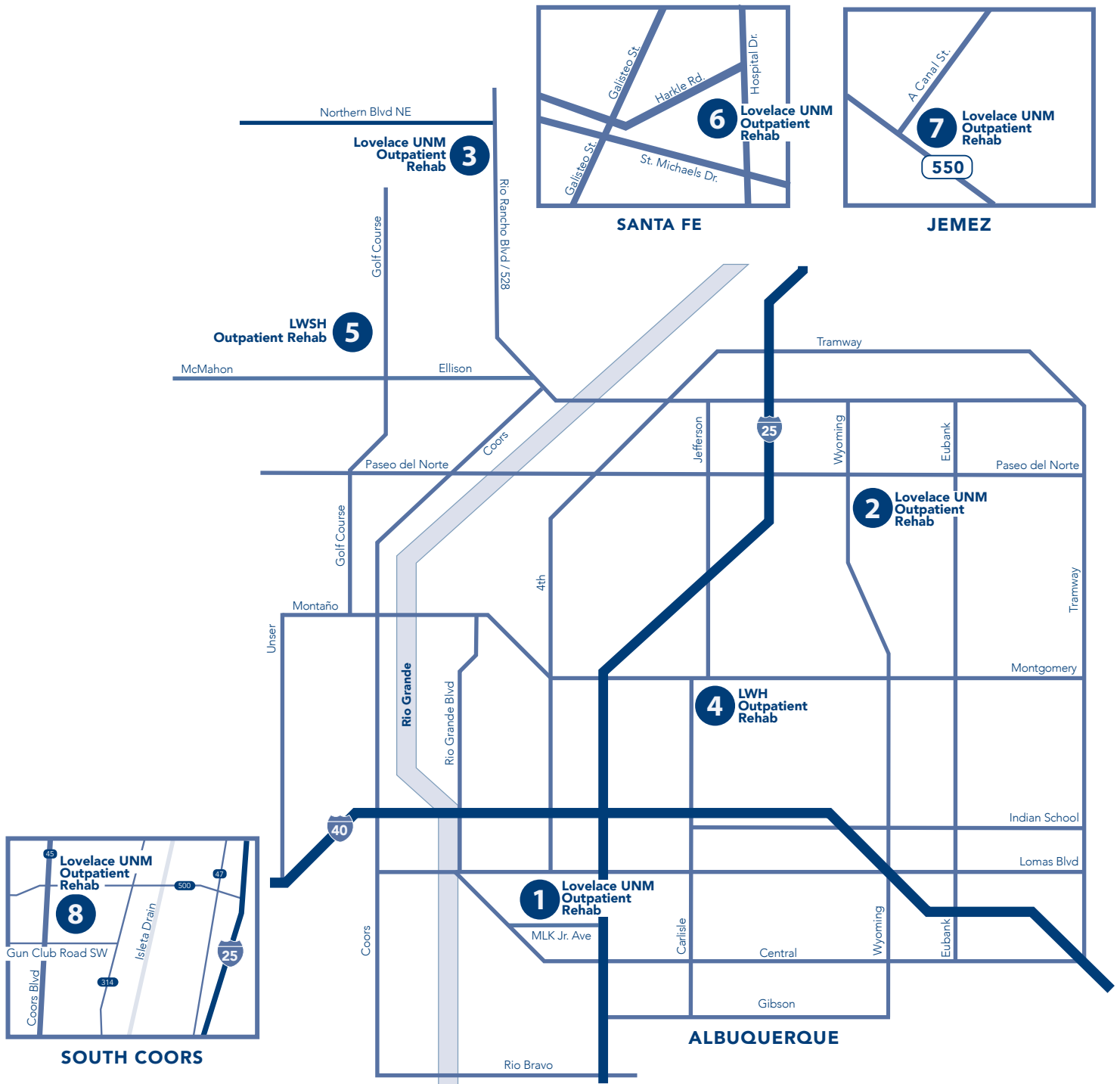
Patient progress to be delivered via fax prior to follow up appointment unless otherwise requested

I certify that therapy services for the above-named patient are or were required on an outpatient basis under the plan established and received within 90 days by me as attending physician while the patient is or was under my care. Further, the written plan established is contained in the patient's records and prescribes the type, amount, and duration of the therapy services.

Date: _____ Phone# _____ Fax# _____

Licensed Medical Provider Signature: _____

Licensed Medical Provider Name: _____



REV 1220

outpatient rehabilitation locations

- 1 LOVELACE UNM REHABILITATION HOSPITAL & LOVELACE UNM OUTPATIENT REHABILITATION**
 505 Elm St. NE
 Albuquerque, NM 87102
 (505) 727-3698 / FAX (505) 727-4744
- 4 LOVELACE OUTPATIENT REHABILITATION - WOMEN'S HOSPITAL**
 (Located across the street from Women's Hospital)
 4600 Montgomery Blvd. NE
 Albuquerque, NM 87109
 (505) 727-4620 / AX (505) 727-9086
- 7 LOVELACE UNM OUTPATIENT REHABILITATION - JEMEZ**
 Pueblo of Jemez Senior Center-129-A Canal St
 Jemez Pueblo, NM 87024
 (505)727-4927 / FAX (505) 727-9139
- 2 LOVELACE UNM OUTPATIENT REHABILITATION - WYOMING**
 7910 Wyoming Blvd. NE, Suite C
 Albuquerque, NM 87109
 (Located one block south of Paseo del Norte and Wyoming)
 (505) 727-4888 / FAX (505) 727-9333
- 5 LOVELACE OUTPATIENT REHABILITATION - WESTSIDE HOSPITAL**
 (Located in the Westside Medical Pavilion)
 10511 Golf Course Rd. NE Suite 104
 Albuquerque, NM 87114
 (505)727-2123 / FAX (505) 727-2187
- 8 LOVELACE UNM OUTPATIENT REHABILITATION - SOUTH COORS**
 4250 Coors Blvd SW, Unit C
 Albuquerque, NM 87121
 (505) 727-4961 / FAX (505) 727-9271
- 3 LOVELACE UNM OUTPATIENT REHABILITATION - RIO RANCHO**
 111 Rio Rancho Blvd SE
 Rio Rancho, NM 87124
 (505) 727-4950 / FAX (505) 727-9139
- 6 LOVELACE UNM OUTPATIENT REHABILITATION - SANTA FE**
 1692 Hospital Dr., Bldg. B, Ste. 202
 Santa Fe, NM 87505-4754
 (505) 982-6399 / FAX (505)982-3219