



FUSIONPHYSIO

PREVENT · RECOVER · PERFORM

DATE: _____

PATIENT NAME: _____

DIAGNOSIS: _____

CONTRAINDICATIONS: _____

PHYSICIAN SIGNATURE: _____

TREATMENT (PLEASE CHECK):

- PHYSIOTHERAPY
- MANUAL THERAPY
- FUNCTIONAL DRY NEEDLING
- EXERCISE-BASED REHABILITATION
- CUSTOM ORTHOTICS / KNEE BRACING
- SWISS-DOLORCLAST SHOCKWAVE
- PRE/POST SURGICAL SERVICES
- JOINT REPLACEMENT REHABILITATION

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