



**MYHEROES, LLC.**  
OVERCOMING OBSTACLES, ONE HOOF AT A TIME

**Therapy Prescription**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Follow up date:** \_\_\_\_\_

**Diagnosis (ICD-10 codes):** \_\_\_\_\_

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

**Order for:**            Physical Therapy            Occupational Therapy

**Prescription to:**    Evaluate and Treat            Re-evaluate

**Frequency:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Goals:**

Improve ROM            Improve Strength            Improve Mobility            Improve Function

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

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

**Physician, please fax this referral slip to (888) 551-6210. Thank you!**