2024

CLINIC

PRESCRIPTION FOR THERAPY SERVICES

Prescription is valid for one (1) year

PHYSICIAN OFFICE INFORMATION	
Office	
Address	
Phone	Fax

Patient Name: _____

Date of Birth: _____

Rx

_____

(therapy)

EVALUATE & TREAT

_____

per therapist discretion (frequency)

_____

(Diagnosis)

_____

Physician Signature

_____

NPI#

_____

Date

BraveHearts

POPLAR GROVE: 4950 Route 173, Poplar Grove, IL 61065

Phone (815) 765-2113 ♥ Fax (815) 765-0003

www.braveheartsriding.org | services@braveheartsriding.org