



Physical, Occupational and Pediatric Therapy
www.HealthQuestTherapy.com

Eagle River Clinic
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Wasilla Clinic
650 N. Shoreline Drive
Wasilla, AK 99654
Phone 907.376.6363
Fax 907.376.6366

Referral for Therapy Services

Patient Name _____ Phone _____

Diagnosis _____ ICD - 10 _____

Procedure _____

Frequency / Duration (Circle one) | 2 3 4 5 x Week for _____ Weeks

Occupational / Physical / Hand Therapy

- Evaluation & Treatment Scar Management ROM
- Strength / Endurance Pain Management HEP
- Electrical Stimulation Ultrasound Splinting
- Edema Management Functional Capacity Evaluation
- Hydrotherapy (Wasilla only) Orthotic Fabrication/Fitting
- Balance & Vestibular

Protocol: _____

Type of Splint: _____

Frequency and Duration of Splinting: _____

Comments:

Physician Signature

Date