CEMR
CENTER for EXERCISE MEDICINE & REHABILITATION
VALDOSTA STATE UNIVERSITY

2525 N. Patterson St.
Valdosta, Georgia 31698
T-229-253-2889
F-229-219-1284

Patient Name _____

Diagnosis _____ ICD10_____

OUTPATIENT REHABILITATION ORDER

☐ EVALUATE AND TREAT

☐ SPECIFIC MODALITIES/PROCEDURES/BRACING:

☐ TESTING/ASSESSMENT:

☐ Isokinetic Testing ☐ Balance Assessment

☐ SPECIAL INSTRUCTIONS/PRECAUTIONS:

Frequency _____ /week Duration _____ weeks

PROVIDER SIGNATURE: _____ DATE _____

All rehabilitation must be authorized by a prescription from a physician or VSU Student Health Services. Provider signature above indicates the rehabilitation plan is medically necessary for the patient and diagnosis named above.

Scan with a smartphone to schedule an appointment:

http://bit.ly/CEMR-AT-schedule