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Board Certified Orthopedic Specialist

**David A. Davis, PT, OCS**  
Board Certified Orthopedic Specialist

**Ruth F. Jenkins, PT, MCSP**

**Robin S. Collins, MPT, ATC**

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**EVALUATE AND TREAT**

**PRECAUTIONS/ADDITIONAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physician's Name (Print)**

**Physician's Signature**

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