

## **Lindsay Pimentel Hand to Shoulder Rehab**

7005 N Maple Ave # 104 Fresno 93720 Tel (559) 325-3503 Fax (559) 325-3504



Patient Name		Date	ICD10
Diagnosis			
Date of Injury	Date of Surgery	Frequency / Duration_	
□ Eval. and Treat	□ Eval. and Splint/Cast		www.lphsr.com
□ ROM: Passive / Active □ MFR / STM / Joint Mob. □ Therex / BTE / Muscle Re-ed □ Sensory / Re-ed	☐ Iontophoresis ☐ Ultrasound ☐ E-STIM / TENS ☐ Laser / Light Therapy	☐ Scar Management ☐ Wound Care / Whirlpool ☐ Edema / Lymphatic Drainage ☐ Traction	
Comments:			
Signature	*M	ost insurances accepted,	including Santé (OT)