



BURGER @
PHYSICAL THERAPY



Oak Valley
Hospital District

DATE

PATIENT NAME

CONTACT PHONE

D.O.B

DIAGNOSIS

SPECIFIC INTERVENTIONS

GOALS / PRECAUTIONS

TREATMENT

UP TO _____ VISITS / WEEK FOR _____ WEEKS

PHYSICIAN SIGNATURE _____

05.26

LOCATION

1405 W F Street • Suite B
Oakdale, CA 95361



APPOINTMENTS

fax 209.848.5374

phone 209.848.4181

email OVHD@BurgerRehab.com



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