



BURGER[®]
PHYSICAL THERAPY



Oak Valley Hospital

DATE

PATIENT NAME

CONTACT PHONE

D.O.B

DIAGNOSIS

SPECIFIC INTERVENTIONS

GOALS / PRECAUTIONS

TREATMENT

UP TO _____ VISITS / WEEK FOR _____ WEEKS

PHYSICIAN SIGNATURE _____

1114

LOCATION

1425 West H Street, 1st floor
Oakdale, CA 95361

 **Appointments**

fax: 209.848.5374

phone: 209.848.4181

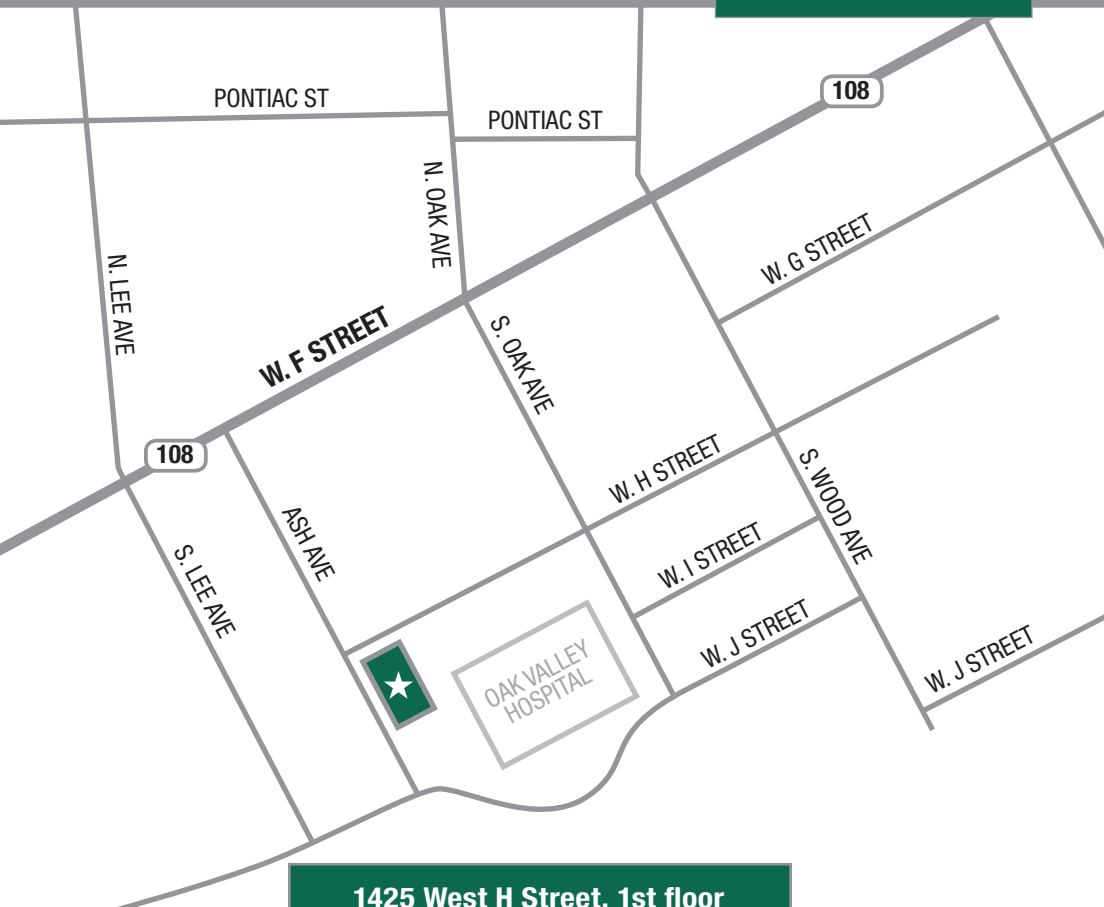
email: OVHD@BurgerRehab.com



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