



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 to schedule an appointment:



<https://bit.ly/CEMR-AT-Clinic-New-Patient2026>

On the Campus of Valdosta State University:  
 2525 Patterson Street, Valdosta, GA 31698