



OUTPATIENT THERAPY

FAX: 254.526.8604

CALL: 254.699.3933

EMAIL: AUTHORIZATIONS@INTEGRITYREHAB.NET

LEADING REACH: INTEGRITY REHAB

HOME HEALTH CARE

FAX: 254.628.7905

CALL: 254.628.7900

EVALUATE AND TREAT AS INDICATED URGENT ROUTINE

Please attach demographics including front & back of insurance card.

PATIENT NAME: _____ PATIENT PHONE: _____

DATE OF BIRTH: _____ MEDICAL DIAGNOSIS: _____

OUTPATIENT THERAPY **HOME HEALTHCARE**

PT/OT *SLP* *Nursing*

REQUESTED INTERVENTIONS

- Aquatic Therapy/HydroWorx Underwater Treadmill
- AlterG Anti-gravity Treadmill/ Return to Run Program
- Manual Therapy
- Neuromuscular Education
- Therapeutic Exercise
- Trigger Point Dry Needling
- Vestibular/Balance
- Certified Hand Therapist (OT)
- Pelvic Muscle Rehab
- LSVT BIG/LOUD
- Biofeedback
- Pre-Surgical HEP, Prehab
- Other: _____

PREFERRED LOCATION

- BURLESON**, 309 W. Hidden Creek Pwy, Ste 2113
- COPPERAS COVE**, 181 W. Hwy. 190, Ste 5
- HARKER HEIGHTS**, 201 E. Central TX Expy, Ste 1170
- KILLEEN CENTRAL**, 3700 S WS Young Drive., Ste 104
- KILLEEN WEST**, 5302 Janelle Drive
- LEANDER**, 14105 Ronald W. Regan Blvd., Ste 104
- SALADO**, 213 Mill Creek Drive, Ste 195
- TEMPLE SOUTH**, 2419 Palermo Parkway, Building A
- TEMPLE WEST**, 288 Green Hollow Drive, Suite 101

Home Health coverage in parts of Bell, Coryell, Lampasas, and Williamson Counties

SPECIAL INSTRUCTIONS / PRECAUTIONS

SURGERY TYPE/DATE/DESCRIPTION, PREFERRED TREATMENT PROTOCOL, ETC.

PROVIDER PRINTED NAME: _____

PROVIDER SIGNATURE: _____ DATE: _____