

AMPT

Advancing Movement with Physical Therapy



Dr. Michael Furtado PT, DPT, NCS

Dr. Tad Scott PT, DPT

Dr. Jeremy Bourgeois PT, DPT

Patient's Name _____ Date _____

Patient's Preferred Phone _____

Diagnosis _____

ICD-10/ICD-9 _____

Frequency/Duration _____

Evaluate and Treat

For specific treatments, check below:

- Manual Therapy
- Therapeutic Exercise
- Vestibular Rehabilitation
- Balance Training
- Pre-Post Prosthetic Training
- Wellness Program
- Other Orders: _____
- Specific Precautions: _____

Referring Provider's Name (Print): _____

Referring Provider's Signature: _____

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