



Meenal Mujumdar PT, CLT, PPRC

175-B East El Camino Real

Mountain View CA 94040

meenal@acmeepelvicwellness.com

Phone - 650-603-0998 / Fax - (650) 961-7466

Patient's name _____ **Date of birth** _____

Diagnosis _____ **ICD-10 Code** _____

Physical Therapy Treatment Order

Evaluate and Treat Per Therapist Discretion

Manual Therapy Biofeedback Therapeutic Exercise Home Exercise Program

Specific Instructions/Precautions _____

Diagnoses/Problems (for female and male patients)

- | | |
|--|---|
| <input type="checkbox"/> Pelvic Pain (R10.2) | <input type="checkbox"/> Urinary Incontinence(N39.498) |
| <input type="checkbox"/> Stress Incontinence (N39.3) | <input type="checkbox"/> Mixed Incontinence (N39.46) |
| <input type="checkbox"/> Abdominal Pain(R10.84) | <input type="checkbox"/> Vaginismus (N94.2) |
| <input type="checkbox"/> Vulvodynia (N94.818) | <input type="checkbox"/> Dyspareunia (N94.1) |
| <input type="checkbox"/> Constipation (K59.01), (K59.02) | <input type="checkbox"/> Fecal Incontinence (R15.9) |
| <input type="checkbox"/> Urinary Retention | <input type="checkbox"/> Hesitancy with micturition (R39.11) |
| <input type="checkbox"/> Bladder pain (R39.89) | <input type="checkbox"/> Abdominal adhesion/ restriction |
| <input type="checkbox"/> Pubic Symphysis Separation (O26.7) | <input type="checkbox"/> Urge Incontinence (N39.41) |
| <input type="checkbox"/> Incomplete Defecation/Micturition(R15.0) | <input type="checkbox"/> Muscle incoordination (R27.8) |
| <input type="checkbox"/> Pelvic Floor Weakness | <input type="checkbox"/> SI joint dysfunction |

Other _____ (Please provide ICD-10 code from sheet provided)

Frequency 1x/week 2x/week Per Therapist Discretion

Duration 6 weeks 12 weeks Per Therapist Discretion

Physician Signature _____ **Date** _____

Phone _____

To schedule an appointment please call **650-603-0998** or fax order to 650-961-7466