

# Physical, Occupational and Speech Therapy



Research and Evidence-based Practice

**MARQUETTE Clinic**  
**Aquatic Therapy**  
555 County Road HQ (by Target)  
Marquette, MI 49855  
ph: 906-225-5900  
fx: 906-225-5939

**NEGAUNEE Clinic**  
400 US Hwy 41 E. (by Sears)  
Negaunee, MI 49866  
ph: 906-475-6441  
fx: 906-475-6445

**MUNISING Clinic**  
1500 Sand Point Rd.  
(at Munising Hospital)  
Munising, MI 49862  
ph: 906-387-4110  
fx: 906-387-6622

**Physical Therapy**

**Occupational Therapy**

**Speech Therapy**

Patient: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis \_\_\_\_\_

DOB: \_\_\_\_\_

**Evaluate and treat**

**Frequency and duration**  Per therapist recommendation

\_\_\_\_\_ times per week for \_\_\_\_\_ weeks

Specific orders/precautions \_\_\_\_\_

I certify that this patient is under my care and is in need of skilled therapy services that are medically necessary.

Physician signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print physician name: \_\_\_\_\_