Injury Management Services

Exclusively at ELITE PHYSICAL THERAPY

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Bruce O'Dell
MOT, CFCE, CEP, CBES

Referral

Patient Name _____ Date _____

Diagnosis _____

Special Instructions _____

_____

_____

- ☐ Functional Capacity Evaluation
- ☐ Work Conditioning
- ☐ Hand Therapy
- ☐ Job Site Evaluation
- ☐ Ergonomic Evaluation
- ☐ Post Offer Employment Screen
- ☐ Fit For Duty
- ☐ Occupational Therapy Services

☐ Evaluate and Treat

Other _____

_____

The services provided by IMS as referred are medically necessary and required by the patient.

Physician _____

Scan code to see our locations.