



Certified Hand Therapist (CHT) & Occupational Therapist

162 Los Gatos-Saratoga Road, Los Gatos, CA 95030

Phone: 408-691-1825 | eFax: 324-345-3455

www.thrivehandtherapy.com

HAND & UPPER EXTREMITY THERAPY PRESCRIPTION

Patient Name: _____

DOB: _____

Phone: _____

Date of Rx: _____

Diagnosis: _____

Surgical Procedure: _____

Referring Physician: _____

ORDERS / INTERVENTIONS

☐ Evaluate and Treat

☐ Custom Orthotic / Splint: _____

☐ ROM: ☐ AROM ☐ PROM

☐ Scar / Edema Management

☐ Wound / Pin Care

☐ Modalities (Heat/Ice/Ultrasound)

☐ Strengthening

☐ Education / Home Exercise Program / Ergonomics

Precautions / Restrictions: _____

Frequency: _____ times / week

Duration: _____ weeks

MD / DO / PA / NP signature & date

Please fax completed prescription to Thrive Hand Therapy • eFax: 324-345-3455