

MedCenter Work Recovery, LLC
Occupational & Chronic Pain Solutions
ODG & CARF Compliant

2040 Babcock Road, Suite 101
San Antonio, TX 78229

www.MedCenterRehab.com

Ph. (210) 692-7001
Fx. (210) 692-7002

PHYSICIAN PRESCRIPTION

Referral for Services

Patient Name: _____ Patient Phone: _____ Date: _____
(Cell preferred) _____
Compensable _____
Diagnosis/es: _____

Please select the appropriate service(s) by placing a mark in the box provided.

- Each service selected includes appropriate Evaluation and Test procedures prior to initiating treatment.
- Evaluation report findings and recommendations will be forwarded for your review and approval.
- Please provide any specific additions or precautions in the space provided.

Interdisciplinary Chronic Pain Program (ICPP)

Includes the following evaluations:

- Behavioral Pain/Psychological Evaluation
- Physical Performance Evaluation (PPE)/Functional Capacity Evaluation (FCE)
- Medical Evaluation performed by board certified physician, and includes:
 - Assessment of the patient's appropriateness for the program.
 - Assures completion of all primary and secondary levels of care have been exhausted.
 - Review of current narcotic regimen.
 - Provides narcotic reduction schedule.
 - Provides Narcotic Compliance Contract.

Psychological Evaluation only

Includes recommendations and consideration for individualized counseling versus return to work programs.

Functional Capacity Evaluation (FCE) only

This may also be referred to as a Physical Performance Evaluation (PPE).

Work Conditioning versus Work Hardening Program (Return to Work Programs)

For full compliancy, these programs include a Functional Capacity Evaluation and a Behavioral Pain Evaluation.

Pre-Surgical Psychological Evaluation

Assesses the patient's psychological suitability for surgical intervention and expectant post-operative compliancy.

**Additional Orders
and Precautions:** _____

In making this referral, I certify that the prescribed orders are medically necessary for this patient.



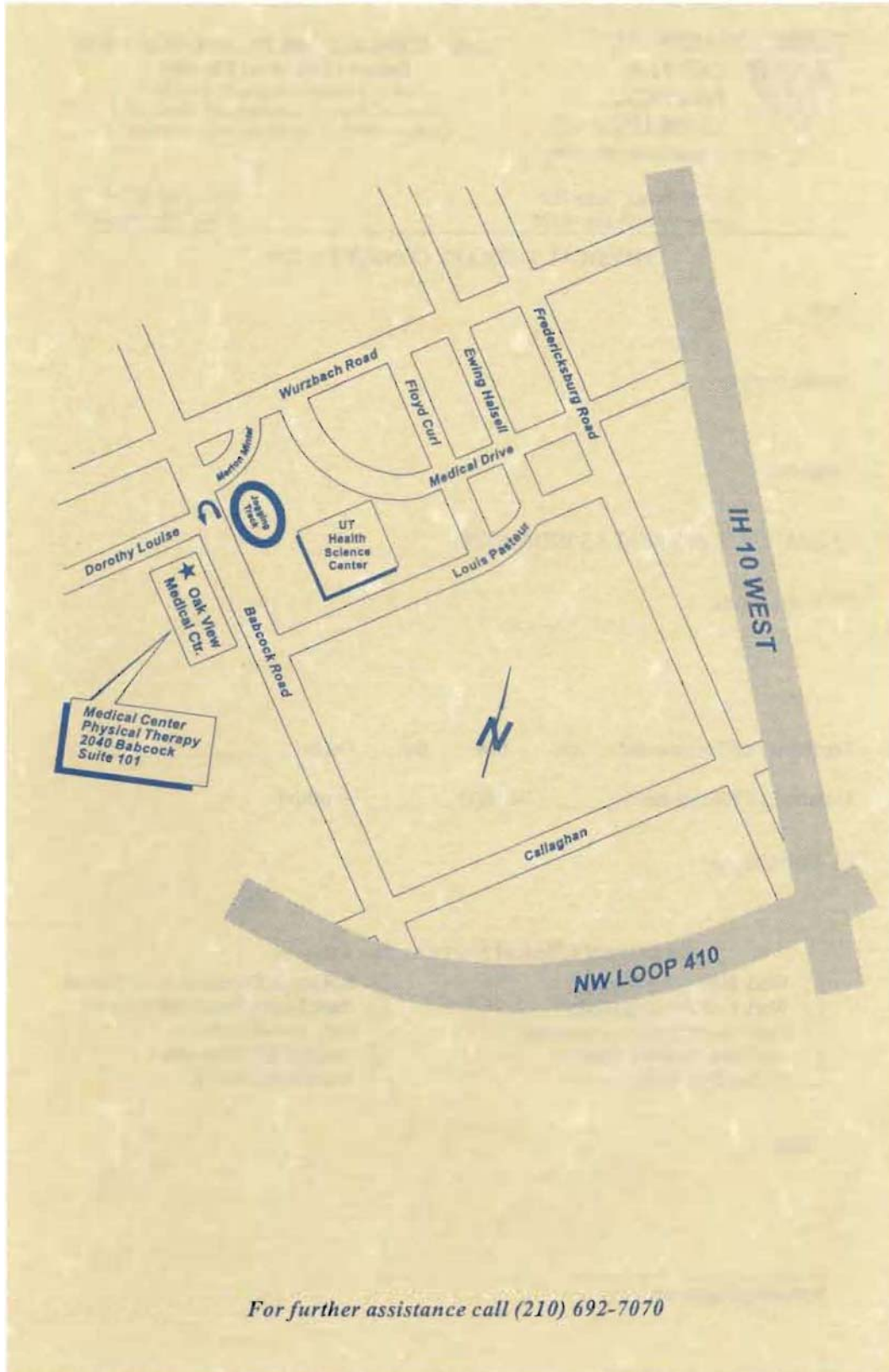
Physician
Signature: _____

Printed
Name: _____



Please check if you wish us to call your office to discuss this referral.

Please sign and fax to 210.692.7002 ~ Thank you!



MedCenter Work Recovery

Physical Therapy ~ Occupational Rehab ~ Industrial Employment Testing ~ Bio-Behavioral Rehab ~ Functional Restoration Programs
Interdisciplinary Chronic Pain Program ~ Work Hardening/Work Conditioning ~ Functional Capacity Evaluations
Behavioral Evaluation & Testing ~ Cognitive Behavioral Therapy ~ Individual & Group Counseling