



# Summit Rehab

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

Diagnosis: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Eval and Treatment

Other (Please Specify Below)

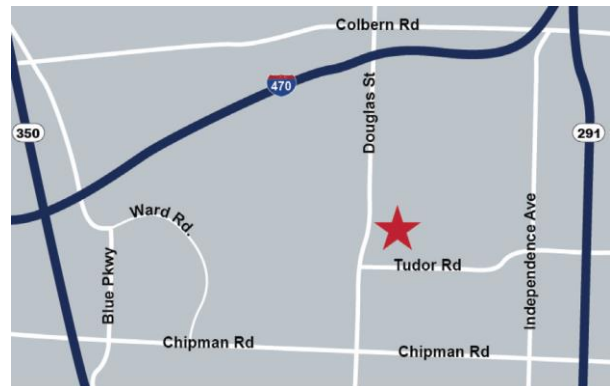
Frequency and Duration : \_\_\_\_x per week for \_\_\_\_ weeks

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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## Get Better. Better.