



kaimukī
CARE

physical therapy + rehabilitation

prescription/referral

3221 Waialae Avenue, Suite 360
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Patient Name: Date of Injury:

Home Phone: Business Phone: Insurance:

Diagnosis:

Rx

Evaluate and Treat

Frequency and Duration:

Other: times/week for weeks

Contraindications & Precautions:

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Referring Physicians Signature: Date: