

# Central Oahu Physical Therapy Specialists L.L.C.

Bobby Tagawa, MS PT, CSCS • Bernie Soriano, MPT

Heather O'Malley, MPT • Andrew Isawa, DPT • Erin deNeeve Baum, PT

Becky Markovitz, DPT • Manny Pascual Jr., DPT • Karly Pagtulingan, DPT

**FAX: 1-888-965-6583**

**Alternate fax line: 1-808-200-7684**

**916A Kilani Ave  
Wahiawa, HI 96786  
Phone: 621-6400**

**98-211 Pali Momi St #707  
Aiea, HI 96701  
Phone: 450-9250**

## Physical Therapy Prescription

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of onset/injury: \_\_\_\_\_

Insurance/Claim #: \_\_\_\_\_

Referring MD: \_\_\_\_\_ MDphone: \_\_\_\_\_ MDFax: \_\_\_\_\_

Diagnosis/icd-10 code(s): \_\_\_\_\_

Frequency: \_\_\_\_\_ x/week for \_\_\_\_\_ Weeks From: \_\_\_\_\_ to: \_\_\_\_\_

Please check appropriate box(es):

Evaluate and Treat

Other: \_\_\_\_\_

I certify the need for these services furnished under this plan of treatment and while under my care:

\_\_\_\_\_  
MD signature

\_\_\_\_\_  
Date