



# GREEN OAKS

## PHYSICAL THERAPY

### ORTHOPAEDIC SPINE & SPORTS

Convenient Hours at all Locations:  
Monday - Thursday: 7am - 7pm  
Friday: 7am - 5pm

Saturday Hours Available At South Arlington Location

**KEVIN J. DORF, MPT, OWNER**  
**VIJAY N. PARIKH, MPT, OWNER**

[www.greenoakspt.com](http://www.greenoakspt.com)

We accept all PPO's, all United Healthcare products, all Cigna products, all Aetna products, all BCBS products, all Pacificare products, Secure Horizons, Work Comp, and Medicare.

☐ **SOUTH ARLINGTON**

**Kevin J. Dorf, MPT**

5833 West I-20  
Arlington, TX 76017  
T: 817.516.1115 F: 817.516.1104  
Now Offering Saturday Hours

☐ **NORTH ARLINGTON**

**Josh Hankins, MPT**

520 Fielder North Plaza  
Arlington, TX 76012  
T: 817.461.4257 F: 817.461.4865

☐ **BEDFORD**

**Mychael Ramirez, DPT, Cert. DN**

1424-U Airport Freeway  
Bedford, TX 76022  
T: 817.858.0390 F: 817.858.0842

☐ **MANSFIELD**

**Chuck Wabbersen, PT, ATC**

2851 Matlock Road, Suite 600  
Mansfield, TX 76063  
T: 817.473.6246 F: 817.473.2014

☐ **GRAND PRAIRIE**

**Vijay N. Parikh, MPT**

3824 Carrier Parkway, Suite 470  
Grand Prairie, TX 75052  
T: 972.262.9972 F: 972.262.9986

☐ **CEDAR HILL**

**Cody Smith, MSPT**

638 Uptown Blvd., Suite 110  
Cedar Hill, TX 75104  
T: 469.272.3129 F: 469.272.3145

☐ **DUNCANVILLE/DESOTO**

**Andrew Chartrain, DPT**

931 York Drive, Suite A  
DeSoto, TX 75115  
T: 972.296.6645 F: 972.296.4526

☐ **FORT WORTH (Aqua Therapy)**

**Andy Miles, MPT, Cert. MDT**

160 W. Magnolia Avenue, Suite 2  
Fort Worth, TX 76104  
T: 817.335.7946 F: 817.335.7947  
[www.greenoaksptfw.com](http://www.greenoaksptfw.com)

☐ **BURLESON**

**Charles Martin, PT**

12770 South Freeway, Suite 144  
Burleson TX 76028  
T: 817.426.4401 F: 817.426.4410

☐ **WAXAHACHIE**

**Jon McDonald, DPT**

1540 N. Hwy. 77, Suite 8  
Waxahachie, TX 75165  
T: 469.773.2000 F: 469.773.2003

☐ **IRVING/LAS COLINAS**

**Laura Cifre, OTR/L, DPT**

4030 N. MacArthur Blvd, Suite D100  
Irving, TX 75038  
T: 972.863.0850 F: 972.588.4289  
Metro Tel: 866-639-0478  
Metro Fax: 866-639-0469

PATIENT'S NAME

DATE

PATIENT'S TELEPHONE NUMBER

DIAGNOSIS

INSTRUCTIONS/ PRECAUTIONS

Recommended Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

☐ **EVALUATE & TREAT**

☐ **CONTINUE THERAPY**

### TREATMENT PROCEDURES

- |  |  |
|--|--|
| <input type="checkbox"/> Sports Medicine/Rehab         | <input type="checkbox"/> Manual Therapy  |
| <input type="checkbox"/> Therapeutic Exercise          | <input type="checkbox"/> Arthritis Program                                       |
| <input type="checkbox"/> Knee/ACL Rehab                | <input type="checkbox"/> Heel Pain   |
| <input type="checkbox"/> Hip Bursitis/Tendinitis       | <input type="checkbox"/> Plantar Fasciitis                                       |
| <input type="checkbox"/> Rotator Cuff Rehab            | <input type="checkbox"/> Post Surgical Foot/Ankle Rehab                          |
| <input type="checkbox"/> Shoulder Impingement Syndrome | <input type="checkbox"/> Industrial Rehab  |
| <input type="checkbox"/> Frozen Shoulder               | <input type="checkbox"/> FCE   |
| <input type="checkbox"/> Tennis/Golfer's Elbow         | <input type="checkbox"/> - Available At Cedar Hill, Desoto & Ft. Worth Locations |
| <input type="checkbox"/> Carpal Tunnel Syndrome        | <input type="checkbox"/> Ergonomic Analysis                                      |
| <input type="checkbox"/> Total Joint Replacement       | <input type="checkbox"/> Pre-Employment Screening                                |
| <input type="checkbox"/> McKenzie Spine Care           | <input type="checkbox"/> Work Conditioning                                       |
| <input type="checkbox"/> Spinal Stabilization          | <input type="checkbox"/> Home Program  |
| <input type="checkbox"/> Discogenic Pain/Sciatica      | <input type="checkbox"/> Ultrasound  |
| <input type="checkbox"/> Neck pain/UE Neuropathy       | <input type="checkbox"/> Iontophoresis   |
| <input type="checkbox"/> Chronic Headache              | <input type="checkbox"/> Phonophoresis   |
|  | <input type="checkbox"/> Aquatic Therapy   |
|  | <input type="checkbox"/> - Available At Fort Worth Location Only                 |

I hereby certify that the above services have been deemed medically necessary.

PHYSICIAN'S SIGNATURE

DATE

Do not email prescription. The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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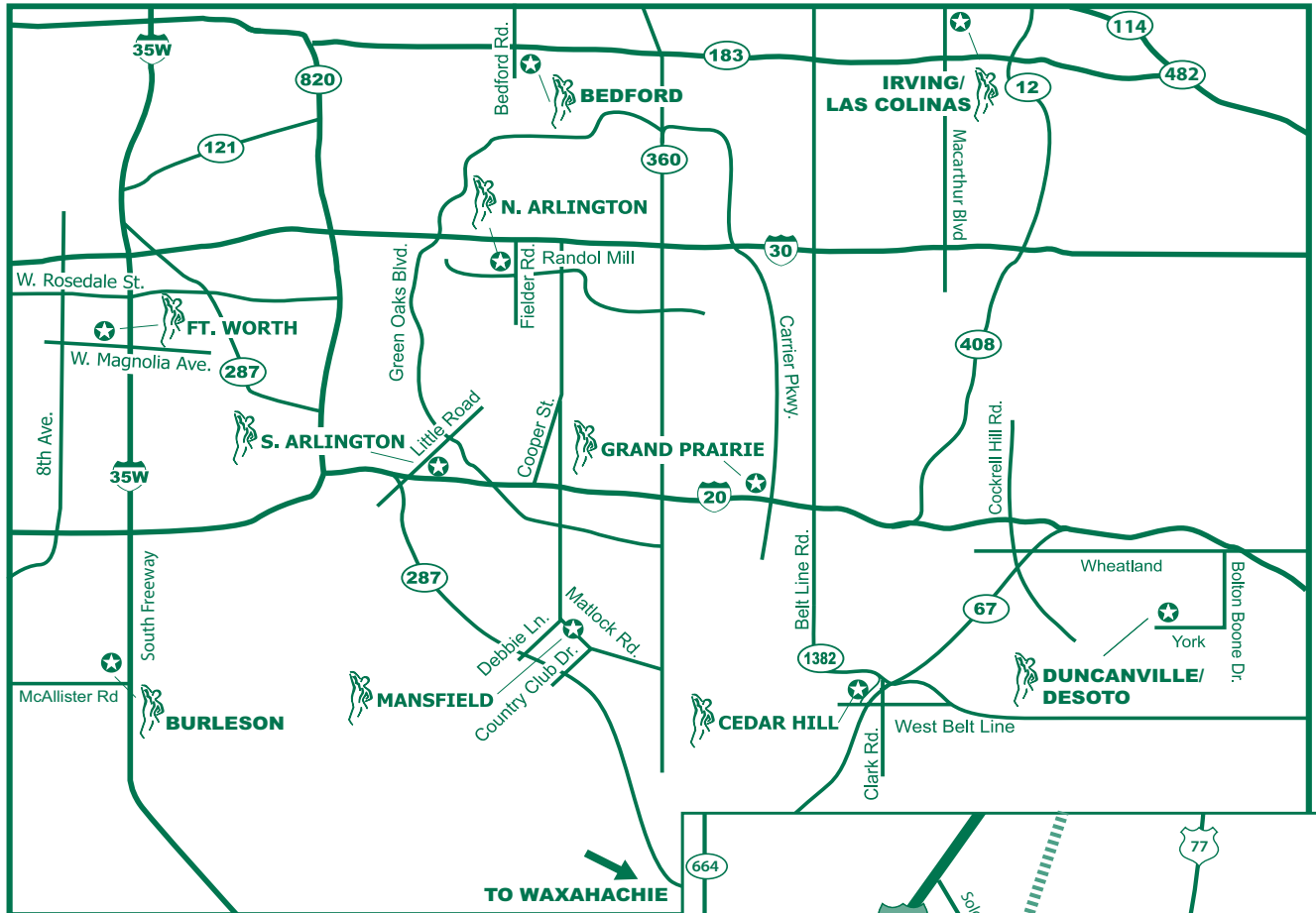
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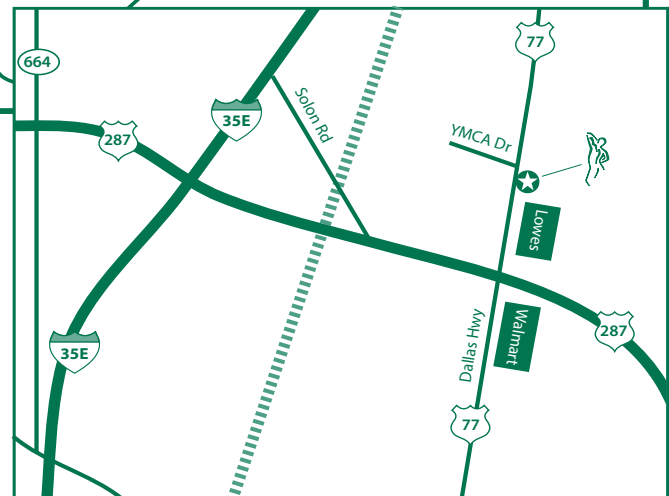


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Green Oaks Physical Therapy is featured on

**PTandMe.com**

*An informational site for patients interested  
in or considering physical, occupational, and/or hand therapy.*



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