4811 HARDWARE DRIVE NE BLDG. C, SUITE 4 ALBUQUERQUE, NM 87109



PHONE: 505-884-4609 FAX: 505-884-4015 WWW.PTFIRSTREHAB.COM

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Name:				
Date:		600 FEE 600 GEO GEO BOS	\$100 that was now may make make	
Diagnosis:				
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				100
DOB:				
Plan of Care:				
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Contraindication	to the Harding San San San San			
Frequency: Duration:	5x/w 1 week	2 weeks	2x/w 3 weeks	1x/w 4 weeks
		Self-As-Pa-C-E-SV-16		alle Madia Nation (C. Madia)

Doctor Signature _ _ _ _ _

I hereby certify that these services are medically necessary for the patient's plan of care. Confidentiality Notice: The information in this fax message is intended for the personal and confidential use of the above named recipient. This message may be a communication, which as such, is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original to us by mail. Thank you.

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