



Physical Therapy 180
ACUPUNCTURE | PHYSICAL THERAPY | MASSAGE

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Patients Name: _____

Patient's Phone: _____ **DOB:** ____/____/____

Diagnosis: _____

Comments: _____

EVALUATE AND TREAT APPROPRIATELY

Manual Therapy to treat musculoskeletal/vertebrogenic pain

FMT - functional manual therapy

Myofascial release

Soft tissue mobilization

Vestibular therapy

Dry needling

FSM - frequency specific microcurrent therapy

SI joint stabilization

Strength & conditioning

Post-op rehabilitation including joint replacement

Posture and movement education

Alternative Therapies

Acupuncture

Massage therapy

Treat _____ times per week for _____ weeks.

In making this referral, physician certifies that prescribed treatment is medically necessary.

Physician Signature: _____

Physician Name: _____

Physician fax number: _____

Date: _____

Founder:

Jill Thompson, PT

Physical Therapists:

- ◆ Paula Kosberg, DPT
- ◆ Sebastian Saur, DPT
- ◆ Taylor Williams, DPT
- ◆ Austin Adams, DPT

Massage Therapist:

Roger Randall, LMT

Acupuncturist:

Betsy DeGrandi, LAc

In network:

- ◆ Blue Cross
 - ◆ Cigna
 - ◆ Medicaid
 - ◆ Medicare
- ◆ Mountain Health
- ◆ MVA/Worker's Comp
- ◆ Pacific Source
 - ◆ Regence
- ◆ Select Health