



# GARDEN CITY REHABILITATION CENTER

1150 Reservoir Avenue, Suite 103 • Cranston, RI 02920  
Tel: 401.942.2625 • Fax: 401.942.3097 • [www.gcrehab.com](http://www.gcrehab.com)

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  **W/C**

A.P. Mechrefe, MD

W. T. Creighton, MD

D. Sawant, MD

J. N. DeRuosi, MD

D. Q. Falguera, MD

J.R. Dufresne, NP

Megan Smith, DPT

Christopher Grant, DPT

**Diagnosis/ICD:**

- Plantar Fasciitis (728.71)
- Heel/Foot Pain (719.47)
- Knee Sprain (844.90)
- Frozen Shoulder/Sprain (840.9)
- Hand/Wrist Tendonitis (727.05)
- Tennis Elbow (726.32)
- Ankle Sprain/Instability (845.00)
- Rotator Cuff/Sprain (840.4)
- Neck Pain/Strain (847.0)
- Low Back Pain/Strain (847.2)
- Left/Right \_\_\_\_\_ Sprain/Contusion
- Left/Right \_\_\_\_\_ Fracture
- Other: \_\_\_\_\_

**Treatment:**

- Physical Therapy
- Evaluate and Treat as Necessary

**Comments:**

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**Start PT:**       ASAP                       Next Week                       1-2 Weeks

**Signature:** \_\_\_\_\_