



GARDEN CITY REHABILITATION CENTER

1150 Reservoir Avenue, Suite 103 • Cranston, RI 02920
Tel: 401.942.2625 • Fax: 401.942.3097 • www.gcrehab.com

Patient Name: _____ **Date:** _____

Phone #: _____ **DOB:** _____ **W/C**

A. M. Mechrefe, MD

A.P. Mechrefe, MD

J. N. DeRuosi, MD

W. T. Creighton, MD

E. L. Cullen, MD

D. Q. Falguera, MD

D. J. Romano, MD

John McLinden, MS, PT

Melissa Brunelle, PT

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:

Start PT: ASAP Next Week 1-2 Weeks

Signature: _____