



Name \_\_\_\_\_

Appointment Date \_\_\_\_\_

Check-in Time \_\_\_\_\_

Appointment Time \_\_\_\_\_

**RE: PHYSICAL THERAPY APPOINTMENT**

Please mail back prior to your evaluation appointment, **your Physician prescription**, if you have it, **a list of the medications** you are currently taking, including over the counter and the **enclosed paperwork**. Bring with you your **medical insurance cards** and a list of upcoming appointments. This will help us to avoid appointments you may already have made when scheduling future appointments. Please call if you need to reschedule the above appointment. **In order to provide the highest quality of care, late arrivals cannot be seen.** We thank you in advance for your understanding. We look forward to providing you with the best of care. **If you have had any recent surgery or imaging please call your Dr.'s office and request that the report be sent to Elder Care physical therapy department at 918-336-8519.**

**We appreciate you choosing Elder Care Physical Therapy!**

Elder Care Physical Therapy  
1223 Swan Drive  
Bartlesville, OK 74006  
Phone 918-766-0391 – Physical Therapy Scheduling  
Fax 918-336-8519  
[www.abouteldercare.org](http://www.abouteldercare.org)

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