# Central Oahu Physical Therapy Specialists L.L.C.

**Bobby Tagawa, MS PT, CSCS • Bernie Soriano, MPT**
**Andrew Isawa DPT, Jessica Ho DPT, Brianna DeWitt DPT, Heather O'Malley MPT, Katie Emery DPT**

**FAX: 1-888-965-6583**

**916A Kilani Ave**
**Wahiawa, HI 96786**
**Phone: 621-6400**

**98-211 Pali Momi St #707**
**Aiea, HI 96701**
**Phone: 450-9250**

## Physical Therapy Prescription

Patient Name:_____D.O.B._____

Address: _____

Phone: _____ Date of onset/injury: _____

Insurance/Claim #: _____

Referring MD: _____ MDphone:_____MDFax:_____

Diagnosis/icd-10 code(s):_____

Frequency: _____ x/week for _____ weeks From: _____ to: _____

Please check appropriate box(es):

- ❑ Evaluate and treat
- ❑ other: _____

I certify the need for these services furnished under this plan of treatment and while under my care:

_____ _____
MD signature Date