

This form is to be filled out by the Doctor or Staff.

Patient Name

Treatment initiated on

Today's Date

- Muscle Palpation
- ROM/velocity
- Lateral Excursion RT
- Lateral Excursion LT
- Protrusive
- Resting EMG
- Autonomic Test-wall/parachute
- JVA/JT
- Tomogram (centric/rest/max opening)
- Posture Photos

Patient has reached maximum medical improvement through Phase I Positioning Orthotic Therapy.

Recommendations:

- Phase II to be explained by Doctor
- Weaning 2Weaning (follow-up office visits included for 2months)months)