



LOMA LINDA UNIVERSITY
HEALTH

Neuropathic Therapy Center

Patient's Name: _____

Diagnosis: _____

Provider Name: Please Print (*required*) _____

Provider Signature: (*required*) _____

License# _____ Date: _____

Precautions/Special Instructions: _____

I certify/re-certify the need for these services furnished under my care.

NEUROPATHIC THERAPY EVALUATION & TREATMENTS

Treatment:

- INF – Intraneural Facilitation
- Gait Training – Balance
- Neuro Re-education
- Therapeutic Procedures

Duration:

- Total # of Treatments: _____
- Treatments per/week: _____

NOTES:

Thank you for your continued referrals; it is our pleasure to care for your patients!

LOMA LINDA UNIVERSITY MEDICAL CENTER

Neuropathic Therapy Center

25455 Barton Road, Suite 208A

Loma Linda, CA 92354

Phone: (909) 558-6799 Fax: (909) 558-6513

Email: NTC@LLU.EDU

Patient Identification: