

 $\overline{\text{Washington University School of Medicine in St. Louis}}$ 

## Milliken Hand Rehabilitation Center

Washington University and Barnes Jewish Orthopedic Center	Center for Advanced Medicine	Occupational Therapy Washington Clinic
14532 South Outer Forty Road, Chesterfield, MO	4921 Parkview Place, St. Louis, MO 63110	1631 A. Roy Drive Washington, MO 63090
Fax: (314) 514 - 3635	Fax: (314) 747 - 3662	Fax: (314) 289 - 6131
Patient Name		
Date of Birth		
Diagnosis		ICD-10 code(s)
Surgery		
Date of Surgery D		
Hand Therapy (OT/PT)		_
Frequency/Duration:		xt MD visit
	Spe	ecifications:
□ Evaluate and Treat as Necessary		
□ AROM □ PROM □ Strengthening		
□ Edema Management □ Woun	nd Care	
Restrictions:		
Orthosis Specifications:		
Purpose of Orthosis:		
MD Signature/Print:		
MD phone number:		<u></u>
Fax number for progress notes and ite	ems requiring MD signature:	