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Tara Dawn Bach - Martinez, DPT
347-495-1015
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Patient Name: _____ Date: _____

DOB: _____

Medical Clearance for Physical Therapy via Zoom or in person

Dr. _____, this is to certify medical clearance for your patient is cleared to participate in physical therapy for body part);, _____.

DME required? _____

Please include any activities the client **should avoid**, and **protocol required**; **WB** status
If you have any questions please feel free to call me at: 212-868-1015.

Thank you for taking your time to clear this patient.

Cleared for:

WBAT	Yes	No	Full WB	Yes	No
Passive ROM	Yes	No	Active ROM	Yes	No
Gait Training	Yes	No	HEP	Yes	No
Stretching	Yes	No	Therapeutic massage	Yes	No
Gentle Strengthening and conditioning exercise				Yes	No

Thank you in advance for your time,

Tara Dawn Bach - Martinez, DPT

MD signature _____ Date: _____

MD Phone number _____

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