

Fairview Hand Center

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| <input type="checkbox"/> Burnsville | <input type="checkbox"/> Elk River | <input type="checkbox"/> Minneapolis/Fulton |
| <input type="checkbox"/> Eden Prairie | <input type="checkbox"/> FSOC-Blaine | |
| <input type="checkbox"/> Edina | <input type="checkbox"/> Maple Grove | |



Central Scheduling: 612-672-7100

Patient Name _____

HAND THERAPY ORDER

DOB _____ MR# _____ or apply ID label above

BRING THIS ORDER TO YOUR FIRST APPOINTMENT

Diagnosis: _____	DOI: _____
Surgical Procedure: _____	DOS: _____

<p><u>EVALUATE AND TREAT:</u></p> <p>Specific Orders:</p> <p><input type="checkbox"/> Edema Control</p> <p><input type="checkbox"/> Therapeutic Exercise</p> <p style="margin-left: 20px;"><input type="checkbox"/> AROM _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> AAROM _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> PROM _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tendon glide <input type="checkbox"/> Nerve glide</p> <p><input type="checkbox"/> Strengthening</p> <p style="margin-left: 20px;"><input type="checkbox"/> Isometric _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Isotonic _____</p> <p><input type="checkbox"/> Modalities</p> <p style="margin-left: 20px;"><input type="checkbox"/> Iontophoresis with dexamethasone</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ultrasound</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Splinting</p> <p style="margin-left: 40px;"><input type="checkbox"/> Static <input type="checkbox"/> Static Progressive <input type="checkbox"/> Dynamic</p> <p style="margin-left: 40px;"><input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both</p> <p style="text-align: center; font-size: small;">(List specific position of joints to be included)</p> <p><input type="checkbox"/> Finger Based _____</p> <p><input type="checkbox"/> Hand Based _____</p> <p><input type="checkbox"/> Forearm Based _____</p> <p><input type="checkbox"/> Long Arm Based _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Wearing Schedule</p> <p style="margin-left: 40px;"><input type="checkbox"/> Protection <input type="checkbox"/> Remove for shower</p> <p style="margin-left: 40px;"><input type="checkbox"/> Night Time <input type="checkbox"/> Remove for light activity/ exercise</p> <p style="margin-left: 40px;"><input type="checkbox"/> PRN <input type="checkbox"/> Do Not Remove</p>
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Significant History/Precautions: _____

Visits _____ or Frequency: PRN 1x 2x 3x / wk Other _____

Return to MD by: _____ Duration: PRN 1 2 3 4 5 6 wk Other _____

MD Signature _____	Date _____	Time _____	Received by: _____	Date _____	Time _____
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Fairview Hand Therapy Locations

Blaine

Fairview Hand Center - Blaine
10961 Club W. Pkwy. N.E.
Suite 200
Blaine, MN 55449
763-528-2992

Eden Prairie

Fairview Hand Center - Eden Prairie
775 Prairie Center Dr.
Suite 250
Eden Prairie, MN 55344
952-944-5314

Elk River

Fairview Hand Center - Elk River
800 Freeport Ave. N.
Suite 200
Elk River, MN 55330
612-313-4410

Minneapolis/Fulton

Institute for Athletic Medicine
Hand - Minneapolis/Fulton
Clinics and Surgery Center
909 Fulton St. S.E.
Fourth Floor
Minneapolis, MN 55455
612-676-4483

Burnsville

Fairview Hand Center - Burnsville
14101 Fairview Dr., Suite 300
Fairview Ridges Specialty
Care Center
Burnsville, MN 55337-2537
952-892-2650

Edina

Fairview Hand Center - Edina
6545 France Ave. S.
Suite 450
Edina, MN 55435
952-924-1520

Maple Grove

Fairview Hand Center - Maple Grove
14500 99th Ave. N., Suite 1-210
Maple Grove, MN 55369
763-898-1770

