

OrthoSouth

MY PLAN OF CARE

(treating physician: Winfred Abrams, MD)

A. THERAPEUTIC EXERCISES:

I will be doing _____.

The purpose is to _____.

It is recommended I do this _____ per week for _____ weeks.

B. MEDICATIONS

I am being prescribed:

1. _____.

Instructions: _____.

2. _____.

Instructions: _____.

3. _____.

Instructions: _____.

4. _____.

Instructions: _____.

C. IMAGING

I am being ordered a _____.

The purpose is to _____.

D. TESTS AND/OR LABS

I am being ordered:

1. _____.

Instructions: _____.

2. _____.

Instructions: _____.

3. _____.

Instructions: _____.

4. _____.

Instructions: _____.

E. PROCEDURES/INJECTIONS

1. _____.

2. _____.

F. FOLLOW UP

I will follow up in _____ weeks.