

My Plan of Care

A. Therapeutic Exercises:

I will be doing _____.

The purpose is to _____.

It is recommended I participate _____ per week for _____.

B. Medications

I am being prescribed:

- 1. _____ . Instructions: _____.
- 2. _____ . Instructions: _____.
- 3. _____ . Instructions: _____.
- 4. _____ . Instructions: _____.
- 5. _____ . 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: _____.
- 5. _____ . Instructions: _____.

6. Follow up in _____ weeks.

Winfred B. Abrams, MD

Medical Assistant - Lisa McCartney

main: 901.641.3000 direct: 901.259.7603