



EFFECTIVE TREATMENT BEGINS & ENDS WITH PREVENTION

1320 South Minnesota Ave., Suite 104
Sioux Falls, SD 57105
(605) 332-2565 TEL • (605) 332-2506 FAX
www.proactive-pt.com

Craig Riley, PT, Cert. MDT
Certified McKenzie Therapist
Owner

Patient Name: _____ Date: _____

Diagnosis: _____

Precautions: _____

Evaluate & Treat

Other (as below)

I certify that I have examined the patient. The above stated treatment plan in necessary and will be provided while the patient is under my care.

Physician's Signature

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.