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Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

General Physical Therapy Prescription

Patient Name:

Date:

Diagnosis: _____

Operative / Non-Operative

Number of visits each week: 1 2 3 4

Treatment duration _____ weeks

Evaluate and treat

Specifics (if not online as noted below):

Prescription protocol is available at www.slucare.edu/sportsmed
(located in physical therapy forms link)

Problems or questions:

Duncan (clinical nurse specialist – Dr. Kaar) at (314) 577-8525 / email: dmchardy@slu.edu

Julia (clinical nurse specialist – Dr. Kim) at (314) 577-8524 / email: santiago@slu.edu

General office at (314) 256-3850 (SLUH South Campus Clinic); (314) 768-1050 (St Mary's Clinic);

Cardinal Glennon (314) 577-5640

Physician Signature: