

**M Health Fairview**

- Burnsville       Fulton
- Blaine             Maple Grove
- Edina
- Elk River

Central Scheduling: 612-672-7100

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MR # \_\_\_\_\_

**HAND THERAPY ORDER**

PATIENT NAME/MEDICAL RECORD # , OR STICKER

**BRING THIS ORDER TO YOUR FIRST APPOINTMENT**

Diagnosis: \_\_\_\_\_ DOI: \_\_\_\_\_  
 Surgical Procedure: \_\_\_\_\_ DOS: \_\_\_\_\_

<b><u>EVALUATE AND TREAT:</u></b>	
<p><b>Specific Orders:</b></p> <p><input type="checkbox"/> Edema Control</p> <p><input type="checkbox"/> Therapeutic Exercise</p> <p style="padding-left: 20px;"><input type="checkbox"/> AROM _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> AAROM _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> PROM _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Tendon glide    <input type="checkbox"/> Nerve glide</p> <p><input type="checkbox"/> Strengthening</p> <p style="padding-left: 20px;"><input type="checkbox"/> Isometric _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Isotonic _____</p> <p><input type="checkbox"/> Modalities</p> <p style="padding-left: 20px;"><input type="checkbox"/> Iontophoresis with dexamethasone</p> <p style="padding-left: 20px;"><input type="checkbox"/> Ultrasound</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Orthotic Fabrication</p> <p style="padding-left: 40px;"><input type="checkbox"/> Static    <input type="checkbox"/> Static Progressive    <input type="checkbox"/> Dynamic</p> <p style="padding-left: 40px;"><input type="checkbox"/> Right    <input type="checkbox"/> Left    <input type="checkbox"/> Both</p> <p style="padding-left: 60px;"><small>(List specific position of joints to be included)</small></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="padding-left: 40px;"><input type="checkbox"/> Protection                      <input type="checkbox"/> Remove for shower</p> <p style="padding-left: 40px;"><input type="checkbox"/> Night Time                        <input type="checkbox"/> Remove for light activity/ exercise</p> <p style="padding-left: 40px;"><input type="checkbox"/> PRN                                    <input type="checkbox"/> Do Not Remove</p>

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	Received by:	Date
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506885 Rev 12/20

**HAND THERAPY ORDER**

# M Health Fairview Hand Therapy Locations

## Blaine

10961 Club West Parkway NE  
Suite 200  
Blaine, MN 55449  
763-528-2992  
Fax: 763-528-2951

## Edina

6545 France Ave. S.  
Suite 450  
Edina, MN 55435  
952-836-3820  
Fax: 952-836-3821

## Maple Grove

14500 99th Ave. N., Suite  
1-210 Maple Grove, MN  
55369 763-898-1770  
Fax: 763-898-1771

## Burnsville

14101 Fairview Drive, Suite  
300 Fairview Ridges Specialty  
Care Center  
Burnsville, MN 55337-2537  
952-892-2650  
Fax: 952-892-2654

## Elk River

800 Freeport Ave. N.  
Suite 200  
Elk River, MN 55330  
612-313-4410  
Fax: 612-672-5777

## Minneapolis/Fulton

909 Fulton St. SE  
Fourth Floor  
Minneapolis, MN 55455  
612-676-4483  
Fax: 612-676-4039

