



Christopher Kim, MD, Minh-Ha Hoang, MD, Scott G. Kaar, MD, William Mitchell, MD, Lauren Smith, PA-C

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:

Meghan (clinical nurse – Dr. Kaar) at (314) 977-1082 / email: meghan.gehrs@health.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) 977-1050 (St Mary's Clinic);

Cardinal Glennon (314) 577-5640

Physician Signature: