APPLICATION FOR PHYSICAL THERAPY SERVICE

Reply to:

HOSPITAL NAME

1. Name and qualifications of the physical therapist responsible for the service:

- 2. Number of full-time physical therapists assigned to the service:
- 3. Number of part-time physical therapists assigned to the service:
- 4. Number of physical therapy assistants:
- 5. Number of physical therapy aides:
- 6. Number of treatments provided annually: