

PHYSICAL THERAPY

Campus Physical Therapy Center
901 Campus Drive Suite 213
Daly City, CA 94015
www.campusphysicaltherapy.com

Telephone: 650-994-7800
Fax: 650-240.1834

San Mateo Physical Therapy Center
101 South San Mateo Drive Suite 202
San Mateo, CA 94401
www.sanmateophysicaltherapy.com

MEDICAL DIAGNOSIS CERTIFICATION

PATIENT NAME: _____

Diagnosis 1: _____ ICD-9 _____

Diagnosis 2: _____ ICD-9 _____

_____ I certify that I have provided a medical evaluation to the above captioned patient and I have made the medical diagnosis stated above.

Physician Name: _____

Signature: _____

NPI: _____ Date: ____/____/____

Please include the reports for special tests, x-ray or MRI, or surgery that are pertinent to patient's current condition.

