



MICHAEL W. LOES, MD
Internal Medicine, Pain Management, & Addiction Medicine

LAURA STEWART, PSY.D.
Clinical Psychologist

REANNA REICH, PT, DPT
Doctor of Physical Therapy

Address
8322 E Hartford Dr.
First Floor
Scottsdale, AZ 85255

Phone
480.712.4600

Fax
602.428.7045

recovia.com

FUNCTIONAL PROGRAM PRESCRIPTION

Patient Name: _____ Date: _____

Patient Phone: _____ DOB: _____

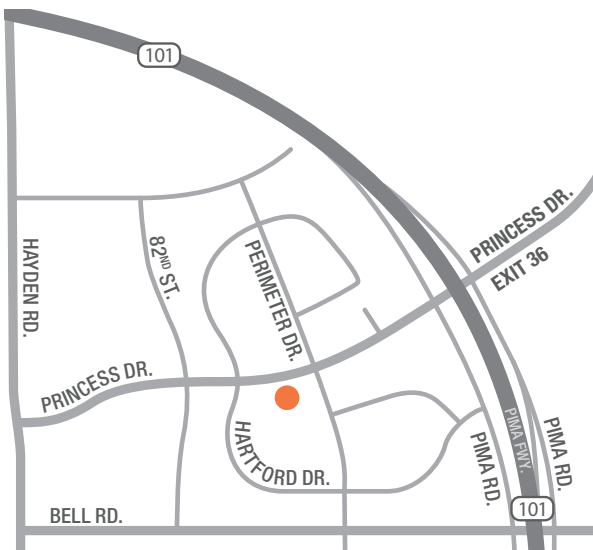
Diagnosis: _____ DOI: _____

Evaluation & treatment for Functional Flex-care Program

NOTES

Referred by: _____

Signature: _____



Multidisciplinary Evaluation Includes:

- Medical Evaluation
- Behavioral Health Evaluation
- Physical Therapy Evaluation
- Psychological Assessment
- Functional Capacity Evaluation

Program Treatment Includes:

- Medical Care
- Medication Management
- Physical Therapy
- Behavioral Health (EMDR)
- Yoga
- Nutrition
- Vocational Counseling
- Lifestyle Counseling
- Detox

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