



Physician Progress Letter

Date _____

Dear _____,

Thank you for referring your patient to TCC Rehab for their In-Patient and Out-Patient Therapy needs.

I am treating _____ for:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Frequency & Duration Remaining on POC: _____

Please note the following issues/concerns that I would like your input:

- _____
- _____
- _____

The patient has been an active participant in their goal setting/treatment plan which is noted below or please see included therapy progress notes.

Treatment Plan

TCC Rehab Therapist: _____ Date: _____

Facility: _____ Contact #: _____

The PHI (protected health information) contained in this facsimile message is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the individual or institution named. It is to be used only to aid in providing specific healthcare services to this patient. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this fax is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone. Any other use is a violation of federal law.