

| UCLA OUTPATIENT REHABILITATION SERVICES | |
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| <input type="checkbox"/> WESTWOOD 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457 | <input type="checkbox"/> SANTA MONICA 1260 15 th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269 |
| FOR APPTS, CALL: (310) 794-1323 | |
| FAX: (310) 794-1457 | |
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**ARTHROSCOPIC FIXATION TIBIAL SPINE FRACTURE PHYSICAL THERAPY
PRESCRIPTION**

Diagnosis: s/p (LEFT / RIGHT) Tibial Spine Fracture

Surgery Date: _____

WEEK

MONTH

