



**BEND - EAST**

1303 NE Cushing Dr., Ste. 150  
**(541) 382-7875**  
(541) 382-2181 fax

**BEND - NORTH**

2700 NE 4th Street, Ste. 105  
**(541) 323-5864**  
(541) 323-5865 fax

**BEND - SOUTH**

61470 South Hwy 97, Ste. 4  
**(541) 585-1022**  
(541) 585-1024 fax

**BEND - WEST**

1160 SW Simpson Avenue  
Ste. 200  
**(541) 322-9045**  
(541) 322-9044 fax

**BEND @ BOSS SPORTS**

**PERFORMANCE**  
1305 SE Armour Rd., Ste 110  
**(541) 389-4401**  
(541) 389-4428 fax

**LA PINE**

51600 Huntington Road  
**(541) 536-7443**  
(541) 536-7805 fax

**PRINEVILLE**

1590 NE Third Street, Ste. B  
**(541) 416-7476**  
(541) 416-7478 fax

**REDMOND**

1315 NW 4th Street  
**(541) 504-2350**  
(541) 504-2354 fax

**REDMOND - RAC**

1717 NE 2nd Street  
**(541) 504-2350**  
(541) 923-7550 fax

**SUNRIVER**

56870 Venture Lane, Ste. 103  
**(541) 585-3148**  
(541) 323-3452 fax

Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

**Evaluate and Treat**

Work Injury Rehab

Aquatic Therapy

Certified Hand Therapy

Chronic Pain/ Watsu

Pilates Rehab

Pre-post Partum Spine Care

TMJ Care

Vestibular/ Balance Rehab

**Acupuncture therapy for pain control**

**Return to Sport Programs**

Specific Treatment Requested \_\_\_\_\_

Precautions/ Contraindications \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Return Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

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**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.