

**T-Joe Pectus Exercise Programs  
Prescription**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis:    \_\_\_ Carinatum           \_\_\_ Flared Ribs / Excavatum  
(check one)       754.82                               754.81

\_\_\_ *Evaluate & Treat with Exercise as indicated*

Ordering Physician:

\_\_\_\_\_ MD / DO  
(print name or stamp)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pectus Services LLC  
154 S. Livingston Ave. Suite 105  
Livingston, NJ 07039  
973-992-2100 Fax: 973-488-7185  
www.PectusServices.com

**T-Joe Pectus Massage Therapy Program  
Prescription**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis:    \_\_\_ Carinatum           \_\_\_ Flared Ribs / Excavatum  
(check one)       754.82                               754.81

\_\_\_ *Evaluate & Treat with Massage Therapy as indicated*

Ordering Physician:

\_\_\_\_\_ MD / DO  
(print name or stamp)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**T-Joe Pectus Bracing Systems  
Prescription**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis:    \_\_\_ Carinatum           \_\_\_ Flared Ribs / Excavatum  
(check one)       754.82                               754.81

\_\_\_ *Dispense T-Joe Brace as indicated*

Ordering Physician:

\_\_\_\_\_ MD / DO  
(print name or stamp)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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