

FAX**Date:** 01/22/2026**Pages including cover sheet:** 3

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| To: | |
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| Phone | |
| Fax Phone | +19725329272 |

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| From: | Kelsey O'Connor |
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| | |
| Phone | 15855820007 |
| Fax Phone | Anonymous |

NOTE:

ATHELAS WPT
THE WHITE HOUSE PENNSYLVANIA AVENUE
, WA 20500

Phone:
Fax: (585) 551-2482

FAX

To: John Doe

Fax: 19725329272

Phone:

Patient: Poc Tracker

Enclosure:

Initial Evaluation -

Thank you for your timely return of the signed Initial Evaluation document so that we may continue treating your patient.

Thank you!

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

 Athelas

 Athelas

Initial Evaluation



Patient Name POC Tracker

Date of Birth 01/01/2026

Rendering Provider Wagner Kramer PT

Referring Provider JOHN DOE

Plan Of Care Begins 01/22/2026

Visit # 1

Date of Original Visit 01/22/2026

Diagnosis Code T17.900A - Unspecified foreign body in respiratory tract, part unspecified causing asphyxiation, initial encounter

PLAN

I have recommended the following therapy plan:

Poc Tracker will be seen 2 times per week for 12 weeks starting 01/22/2026 and ending 04/15/2026.

Signature

Wagner Kramer

Wagner Kramer, PT License 0000000000

Signed: 2026-01-22 12:33 PM MST

Plan of Care Approval for POC Tracker

Please fax signed and dated plan of care approval to 15855512482

Electronically signed by: Wagner Kramer PT

Thank you for this referral.

We are required to obtain an approval for this plan of care. You may approve the plan of care and make any changes to the plan of care by commenting below.

Please sign below stating you have reviewed this Plan of Care and agree with our assessment. Please do not hesitate to contact the treating therapist if you have any questions, concerns, or would like to make any changes to this Plan of Care. Thank you for this referral and trusting us with your patient.

Physician's Signature

Date