FAX

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

To:	
Phone	
Fax Phone	*+19725329272*

From:	Kelsey O'Connor
Phone	15855820007
Fax Phone	Anonymous

NOTE:	

ATHELAS WPT
THE WHITE HOUSE PENNSYLVANIA AVENUE
, WA 20500

Phone:
Fax: (585) 551-2482

FAX

To: John Doe

From: Wagner Kramer PT - 0000000000

Fax: 19725329272

Date: 01/22/2026

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!

Initial Evaluation

Athelas

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**