Patient Name: Date:

Current Treatment Protocol: \_\_\_\_\_\_\_\_\_ minutes @ \_\_\_\_\_\_\_\_\_ATA

Total Treatments under Initial Protocol: Ordering Physician:

Modified Treatment Protocol: \_\_\_\_\_\_\_\_\_ minutes @ \_\_\_\_\_\_\_\_\_ATA

Reason for Change or Modification of Treatment Protocol

Ordering Physician:

Ordering Physician Signature: Date: