- 1. Search for PT in your order sets
- 2. Select PT Eval & Treat

1 Eval & Treat 2.0										✓ Accept	× Cano
Class: Inte	rnal Ref 🔎	Internal Re	ferral (\	(MG) Extern	nal (non	-VMG)					
Order Type:	Eval and	Treat O	ne Time	Eval with Ho	me Exe	rcise Program					
Location:	Lymphed	Lymphedema/Edema 🔎			Ortho (VOI) Ortho (VOI Cool Springs) Neuro Rehab (Pi Beta Phi) Dayani						
				Aquatic (Dayani)		Burn - 8 visits in 8 we		Lymphedema/Edema ((Dayani)		
				MNPS Emplo	oyees	Pelvic Floor (VOI)	Stem	n Cell Physical Therapy			
Body Part:	🗌 Left a	rm 🗌 Rig	ght arm	Bilateral	arm [Left leg 🗌 Rigł	nt leg	🗌 Bilateral leg			
Body Part:	Left a	rm 🗌 Rig & Neck	ght arm	Bilateral	arm [Left leg Rigł	nt leg	Bilateral leg			
Body Part: Frequency per week	Left a	rm 🗌 Rig & Neck 2 3	ght arm Othe 4	Bilateral	arm [Left leg 🗌 Rigł	nt leg	Bilateral leg			
Body Part: Frequency per week Duration:	Left a	rm Rig & Neck 2 3 2 weeks	ght arm Othe 4 4 we	Bilateral r 5 eks 6 weeks	arm [Left leg Rig	nt leg	Bilateral leg			
Body Part: Frequency per week Duration: Referral:	Left a	rm Rig & Neck 2 3 2 weeks tions	oht arm Othe 4 4 wee	Bilateral r 5 eks 6 weeks	arm [s 8 we	Left leg Righ	nt leg	Bilateral leg			
Body Part: Frequency per week Duration: Referral:	Left a	rm Rig & Neck 2 3 2 weeks tions Routine	ght arm Othe 4 4 we STAT	Bilateral r 5 eks 6 weeks	arm [Left leg Rigt	ıt leg	Bilateral leg			
Body Part: Frequency per week Duration: Referral: C Priority: Ro Process Inst.: For	Left a Le	rm Rig & Neck 2 3 2 weeks tions Routine se use the	ght arm Othe Government Othe G	Bilateral r 5 6 weeks tory Referral	arm [Left leg Rigf	nt leg	Bilateral leg			
Body Part: Frequency per week Duration: Referral: C Priority: Ro Process Inst.: For	Left a Head Head I week verride restric time P Home PT, plea	rm Rig & Neck 2 3 2 weeks tions Routine se use the	oht arm Othe 4 4 we STAT Ambula	Bilateral	arm [Left leg Rigt	nt leg	Bilateral leg			

In the order set:

- 3. Location: Use this option to select the clinic you are referring to.
 - a. To send to our Lymphedema team, select Lymphedema/Edema (Dayani) selecting this option will schedule your patient with swelling with one of our certified Lymphedema Therapists
 - b. To refer for aquatics therapy select **Aquatics (Dayani)** selecting this option will schedule your patient with swelling with one of our aquatic Physical Therapists
 - c. To send to our Dayani PT team for cancer related prevention services, voice problems to see a PT, complex patients select **Dayani**
- 4. Set Frequency and Duration.
- 5. Enter additional comments as needed.
- 6. Click Accept.
- 7. When clicking Sign Orders, you will be asked to associate a diagnosis with the order. Orders will not be routed or marked as complete until they are signed.
- 8. Additional information:
 - a. Class:
 - i. To refer to a VUMC clinic, leave Internal Referral selected.
 - ii. If a patient is scheduling with an outside therapy service, change the class to External (non-VMG). External (non-VMG) orders will not route to a VUMC Clinic to be scheduled; please print and give to the patient.
 - b. Order Type:
 - i. Eval and Treat for a full PT plan of care.
 - ii. One Time Eval for a one-time PT option to teach home program.