|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dokumentation Erweiterte Ambulante Physiotherapie (EAP)/Medizinische Trainingstherapie (MTT) isoliert | | | | | | | | | | |
| EAP-Institut: | | […] | | | | Name, Vorname der versicherten Person: | […] | | | | |
| Geburtsdatum: | | […] | Unfalltag: | […] | | Kooperationsärztin/ Kooperationsarzt: | […] | | | |
|  | | | | | | Kostenzusage durch  UV-Träger am: | […] (Verordnung beifügen) | | | | |
|  | | | | | | | | | | | |
| Datum | EAP als Komplextherapie (Krankengymnastik, physikalische Therapie, MTT) mindestens 120 Minuten | | | | MTT isoliert mindestens 60 Minuten | | | Tests, Untersuchungen, Berichte | | | |
|  | Unterschrift der versicherten Person | | | | Unterschrift der versicherten Person | | | Erstellung u. Dokumentation Therapieplan | Eingangs- u. Abschlusstests an isokinet. Geräten | Auswertung der isokinet. Eingangs- u. Abschlusstests | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |
| […] | […] | | | | […] | | |  |  |  | |