ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 W. Adams Street, Suite 2450 • Phoenix, AZ 85007 • (602) 274 – 0236

ptboard.az.gov

PROVIDER NAME _____ **DATE** _____

INTERSTATE TELEHEALTH PROVIDER NUMBER _____

Report must maintain HIPAA compliance and exclude patient personal identifying information.

(If additional space is required, complete multiple forms)

Patient (initials only)	Encounter (quantifier)	Type of encounter (descriptive)
Total patients =	**Total Encounters =**	