Serving Physicians and their patients since 1976

To Schedule an appointment please call (888) 786-2888

Therapy Prescription

❑ Workers Comp ❑ Personal Injury

Patient Name:______________________________________ DOB:__________________

Phone #:____ DOI:__________________

Physician:____ Next Appt:______________

Diagnosis:____

Body Part(s):____

Order: ❑ **Physical Therapy** ❑ **Acupuncture** ❑ **Pool Therapy**

❑ Evaluate & Treat ❑Frequency & Duration:__________________________

❑ Post Surgical
❑ Therapeutic Exercise
❑ Home Exercise Program
❑ Manual Therapy/ Joint Mobilization
❑ Massage / Soft Tissue Work
❑ Heat / Cold
❑ Myofascial Release
❑ Electrical Stimulation
❑ Work Conditioning
❑ Ultrasound
❑ Other: ____

Goals:
❑ Improve Range of Motion
❑ Improve Mobility
❑ Improve Strength
❑ Improve Function

Physician Signature____ Date: _________

Stamp or handwritten endorsements

Physician, please fax this referral slip to (866) 295-3343
Thank you!

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