



Clear Lake & Turtle Lake Physical Therapy & Rehab Specialists

PHYSICIAN REFERRAL

Patient's Name: _____

Diagnosis: _____

Precautions: _____

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other _____

Comments: _____

Frequency: ____ x week ____ weeks or ____ visits total

Signature: _____

Date: _____

Clinics

**Turtle Lake Physical
Therapy and Rehab
Specialists**
100 Becker Street
Turtle Lake, WI 54889
715-986-4103

**Clear Lake Physical
Therapy and Rehab
Specialists**
417 3rd Ave
Clear Lake, WI 54005
715-263-4103