



# 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

### Big Rapids

1268 W. Perry Avenue  
Big Rapids, MI 49307  
231-796-4419

### Clare

107 Schoolcrest Ave.  
Clare, MI 48617  
989-386-9170

### Gladwin

1206 North State St.  
Gladwin, MI 48624  
989-246-2311

### Harrison

158 North First St., Ste D  
Harrison, MI 48625  
989-539-4167

### Midland

2600 N Saginaw Road,  
Ste C  
Midland, MI 48640  
989-837-1529

### Reed City

204 W Upton Ave  
Reed City, MI 49677  
231-465-4289

### Saginaw

3525 Davenport Avenue  
Saginaw, MI 48602  
989-497-6040