



**RI Limb**  
Prosthetics, Orthotics  
and Physical Therapy



## 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

**Cranston**  
1559 Elmwood Avenue  
Cranston, RI 02910  
(401) 941-6230

**Pawtucket**  
59 Prospect Street,  
Suite B  
Pawtucket, RI 02860  
(401) 475-3501

**Middletown**  
26 Valley Road, Unit  
101  
Middletown, RI 02842  
(401) 619-4639