Conforti
Physical Therapy and
Fitness Center

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

Lemoyne
110 N 7th St
Lemoyne, PA 17043
(717) 731-6094

Mechanicsburg
920 Century Drive
Mechanicsburg, PA
17055
(717) 591-1331