



# PHYSICAL THERAPY T • O • D • A • Y

## 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

**19th Street**  
4138 19th St  
Lubbock, TX 79407  
(806) 780-2329

**82nd Street**  
6202 82nd St  
Lubbock, TX 79424  
(806) 687-8008

**South Loop**  
2431 S Loop 289  
Lubbock, TX 79423  
(806) 771-8008

**Littlefield**  
1506 S Sunset Ave  
Littlefield, TX 79339  
(806) 385-3746

**South Indiana**  
12115 Indiana Ave <br />Suite 2  
Lubbock, TX 79423  
(806) 993-5041

**Rockwall**  
3007 Ridge Road  
Rockwall, TX 75032  
(469) 887-1021

**Garland**  
2241 Peggy Lane #C  
Garland, TX 75042  
(972) 272-9643

**Amarillo**  
6017 Hillside Rd Suite  
1100  
Amarillo, TX 79109  
(806) 680-5888