



Massabesic Health Resources, P.A.
Physical Therapy & Fitness Center
Therapeutic Pool

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

Waterboro

392 Main Street
Waterboro, ME 04087
(207) 247-3216

Springvale

481 Main St.
Springvale, ME 04083
(207) 490-4920