FYZICAL®
Therapy & Balance Centers

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

Crestview Location
728 N Ferdon Blvd #3
Crestview, FL 32536
(850) 682-7772

Defuniak Springs Location
1030 US-331, Unit C
Defuniak Springs, FL 32435
(850) 892-7772

Niceville Location
4554 E Hwy 20
Niceville, FL 32578
(850) 897-7772