MEIER & MARSH
PROFESSIONAL THERAPIES

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

West Valley City
4785 West 4100 South
West Valley City, UT 84120
(801) 955-0500

Tooele - Northpointe Office
2356 North 400 East #101
Tooele, UT 84074
(435) 843-1311

Tooele - Main Street Office
1197 North Main
Tooele, UT 84074
(435) 882-3157

Grantsville
225 East Main Street #F
Grantsville, UT 84029
(385) 249-8101