



# 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**  
168 E. Main Street  
Grantsville, UT 84029  
(385) 249-8101