



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

Monterey - Garden Rd
2511 Garden Road,
Suite A-120
Monterey, CA 93940
(831) 375-1562

Monterey - Cass St
980 Cass St, Suite A
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(831) 375-2466