www.GoldMedalPT.com

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

Perry Hall
8640 Ridgely's Choice Drive, Suite L-1
Perry Hall, MD 21236
410-529-0989

Gold Medal Building - Bel Air
407 E. Churchville Road, Suite 102
Bel Air, MD 21014
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