Harris & Renshaw
PHYSICAL THERAPY

Physician Referral

Patient's Name: ______________________________

Diagnosis: ______________________________

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Precautions: ______________________________

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- ☐ Evaluate and Treat
- ☐ Home Program
- ☐ Work/Functional Conditioning
- ☐ Therapeutic Exercise
- ☐ Modalities
- ☐ Other ______________________________

Comments: ______________________________

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Frequency: ____ x week ____ weeks or ____ visits total

Signature: ______________________________

Date: ______________________________

Clinics

North Little Rock
4801 Fairway Ave.
North Little Rock, AR
72116
(501) 758-1300

Hot Springs Village
4656 AR-7 Suite M
Hot Springs Village, AR
71909
(501) 984-5575

Sherwood
13133 AR-107
Sherwood, AR 72120
(501) 392-6590