physical therapy

PRO fitness center

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

Columbus
60 Shuford Rd
Columbus, NC 28722
(828) 894-0277

Duncan
1865 E Main St Suite A
Duncan, SC 29334
(864) 486-1105

Woodruff
535 Laurens Rd
Woodruff, SC 29388
(864) 476-6600

Inman
6400 SC-9 Suite D
Inman, SC 29349
(864) 699-9441

Spindale
465 W Main St
Spindale, NC 28160
(828) 287-0999

Mills River
4687 Boylston Hwy
Mills River, NC 28759
(828) 890-0040