



# ORTHOPEDIC PHYSICAL THERAPY SPECIALISTS, INC.

## PHYSICIAN REFERRAL

### Clinics

**Orthopedic Physical  
Therapy Specialists  
Inc**

1150 Glenlivet Dr #A14  
Allentown, PA 18106  
(610) 336-4300

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: \_\_\_\_\_