



PHYSICIAN REFERRAL

Clinics

**Orthopedic & Spine
Physical Therapy of
L/A**
581 Main Street, Suite 1
Lewiston, ME 04240
(207) 777-3002

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: _____