Physical Rehabilitation Services

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

Ross Township
1033 Perry Hwy
Pittsburgh, PA 15237
(412) 366-3880

Franklin Park Corporate Center
2400 Corporate Dr #201
Wexford, PA 15090
(724) 940-3990